



2010 Epidemiologic Profiles of HIV, STD, and Hepatitis in Missouri

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Background

The Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) released the *Integrated Guidelines for Developing Epidemiologic Profiles* in 2004. These guidelines are meant to assist states in creating standardized profiles that meet the planning needs of HIV prevention and care programs, while allowing freedom to portray unique situations within the state. The epidemiologic profile is divided into two sections, within which five questions are addressed.

Profile Organization:

Section 1: Core Epidemiological Questions

This section deals with understanding the characteristics of the general population, the distribution of HIV disease and sexually transmitted diseases (STDs) in the state, and a description of the population at risk for HIV and STD infection. This section is organized around three key questions:

Question 1: What are the sociodemographic characteristics of the general population of Missouri?

Describes the overall demographic and socioeconomic characteristics of the general population of Missouri.

Question 2: What is the scope of the HIV/AIDS epidemic in Missouri?

Describes the impact of the HIV/AIDS epidemic in Missouri.

Question 3: What are the indicators of HIV/AIDS infection risk in Missouri?

Provides an analysis of the high-risk populations. Both the direct and indirect measures of risk behaviors associated with HIV transmission and the indicators of high-risk behaviors are described in this section.

Section 2: Ryan White HIV/AIDS Care Act Special Questions and Considerations

This section focuses on the questions that pertain to the HRSA HIV/AIDS care planning groups. It describes access to, utilization of, and standards of care among persons in Missouri who are HIV infected. It is organized around two key questions:

Question 4: What are the HIV service utilization patterns of individuals with HIV disease in Missouri?

Characterizes patterns in the use of services by the population living with HIV/AIDS in Missouri.

Question 5: What are the number and characteristics of the individuals who know they are HIV positive but who are not in care?

Assesses the unmet need of persons who know they are HIV positive, but are not in care. Describes their service needs and perception of care.

General Information:

The 2010 *Profiles* provides a selective update of the questions in the *Profiles* including the epidemiology of HIV ,STDs, hepatitis; and unmet primary medical care needs among individuals living with HIV through 2010 (Questions #2,#3, and #5). New in 2010, the *Profiles* includes data regarding co-infections between HIV and tuberculosis (TB) disease. Please refer to the data sources used in the *Profiles* on page ii and the technical notes on page iii to develop a better understanding for interpreting the data presented. Additional sections of the profile are dedicated to providing data specific to each of the six HIV planning regions to assist with regional level planning efforts.

Missouri Planning Cycle:

The statewide Missouri Community Planning Group (CPG) operates on a five year planning cycle. The current comprehensive prevention plan was developed in 2010, and runs from 2011-2015. To best serve the CPG planning process, updates to the epidemiologic profile are designed to coincide with the CPG's planning cycle. As a result, a complete update of all five questions of the epidemiologic profile is completed every five years, coinciding with the development of the new comprehensive HIV prevention plan. In the other years, updates will only be made to selected questions of the profile. The current *Profiles* represents a selective update to all questions in the *Profiles*. For data from the most recent comprehensive *Profiles*, please refer to the *2009 Epidemiologic Profile*, which can be accessed at <http://health.mo.gov/data/hivstdaids/pdf/MOHIVSTD2009.pdf>.

Data Sources

1. Population Data

Population Estimates, Missouri Department of Health (MDHSS), Bureau of Health Informatics and U.S. Census Bureau

MDHSS maintains population files for Missouri and its counties based on data provided by the U.S. Census Bureau in partnership with the Federal State Cooperative Program for Population Estimates. Census counts are produced every ten years, with the 2010 census representing the most recent census. Population estimates are produced for non-census years based on adjustments made to the most recent census counts. Due to the time required to compute the estimates, the most recent year's estimates are not available for use in the *Profiles*, and the previous year's population estimates are used instead. Beginning with the 2008 population estimates new race/ethnicity categories are being used, which include a separate estimate for persons identifying being of more than one race. This change reflects the current level of race/ethnicity detail that is captured for HIV surveillance data. As a result of the change, the population estimates from prior *Profiles* will not be comparable with the current *Profiles*.

2. HIV Epidemic Data

HIV/AIDS Surveillance Data, eHARS

Missouri's communicable disease reporting rule, 19 CSR 20-20.020 established reporting of AIDS cases in 1983, named HIV cases in 1987, CD4 lymphocyte counts in 1991, and HIV viral load lab results in 2000. Demographic information, vital status, mode of exposure, laboratory results, and treatment and service referrals are collected on standardized case report forms and laboratory reports. The Missouri Department of Health and Senior Services (MDHSS), Bureau of HIV, STD, and Hepatitis (BHS) is responsible for managing the HIV/AIDS surveillance data, stored in the evaluation HIV/AIDS Reporting System (eHARS). Evaluations have shown a high level of completeness of the surveillance system. However, the surveillance system primarily collects information only on individuals diagnosed with HIV disease in Missouri. Some information regarding those currently living with HIV in Missouri is maintained in eHARS, but is not complete. Therefore, the *Profiles* only includes data on those whose most recent diagnosis (HIV or AIDS) occurred in Missouri. The data collected in the surveillance system is based on diagnosis date, and not the time of infection. The diagnosis can be made at any clinical stage of the disease. The characteristics associated with new diagnoses may not reflect characteristics associated with recent infection. The surveillance system only includes data on individuals that are tested confidentially and reported. Members of certain subpopulations may be more or less likely to be tested, and therefore different subpopulations could be over or under-represented among diagnosed and reported HIV cases.

3. HIV-Related Indicators of Risk Data

Hepatitis Surveillance Data, MDHSS, WebSurv

Missouri's communicable disease reporting rule, 19 CSR 20-20.020 requires reporting of acute and chronic hepatitis B and C cases, and prenatal hepatitis B within three days to the local health authority or MDHSS. Demographic information, vital status, laboratory results, and treatment information are collected on standardized report forms and laboratory reports. MDHSS BHS is responsible for managing the hepatitis surveillance data, stored in the Missouri Health Surveillance Information Systems (WebSurv). Limitations of the data include incomplete race/ethnicity information and underreporting.

STD Surveillance Data, STD*MIS

Missouri's communicable disease reporting rule, 19 CSR 20-20.020 requires reporting of chlamydia and gonorrhea cases within three days, and syphilis, including congenital syphilis, within one day to the local health authority or MDHSS. Demographic information, vital status, laboratory results, and treatment information are collected on standardized report forms and laboratory reports. The MDHSS BHS is responsible for managing all reportable STD surveillance data, stored in the STD Management Information System (STD*MIS) database. Data in this system are presented based on the date of report to the health department and not the diagnosis date. The data represent only those individuals tested and reported, which underestimates the true burden of infection as many infected individuals do not seek care, often due to a lack of symptoms. In addition, many people receive treatment without being tested, again underestimating the true burden of infection. Since morbidity is frequently entered based on the receipt of laboratory reports at MDHSS, race and ethnicity information is often not available. Incomplete race and ethnicity reporting limits the interpretation of trends for these characteristics.

Tuberculosis Disease Surveillance Data, WebSurv

Missouri's communicable disease reporting rule, 19 CSR 20-20.020 requires reporting of tuberculosis

disease within one day to the local health authority or MDHSS. Demographic information, vital status, laboratory results, and treatment information are collected on standardized report forms and laboratory reports. MDHSS Bureau of Communicable Disease is responsible for managing the tuberculosis surveillance data, stored in the Missouri Health Surveillance Information Systems (WebSurv). Limitations of the data include incomplete race/ethnicity information and underreporting.

4. HIV Care Services Data

HIV Case Management Data, FACTORS

MDHSS participates in a cooperative agreement with HRSA for the provision of several programs funded by the Ryan White HIV Treatment Modernization Act. Data for persons served by these programs are collected and stored in the FACTORS database. Data include key demographic and eligibility related variables for persons residing in Missouri, and portions of Illinois and Kansas. These data are used to monitor the level of need and the provision of services for individuals utilizing Ryan White funded services.

Technical Notes

HIV Disease, HIV case, AIDS case: HIV disease includes all individuals diagnosed with the HIV virus regardless of the stage of disease progression. All persons with HIV disease can be sub-classified as either an **AIDS case** (if they are in the later stages of the disease process and have met the case definition for AIDS), or an **HIV case** (if they are in the earlier stages of the disease process and have not met the AIDS case definition). In this report, the sub-classification of HIV or AIDS is based on an individual's status of disease progression as of December 31, 2010.

Date of Diagnosis: Represents the date an individual was first diagnosed with the HIV virus, regardless of the stage of disease progression. However, in many instances the initial diagnosis of infection does not occur until several years after the initial infection, so at best the trends in diagnosed HIV cases can only approximate actual trends in new HIV infections.

Reporting Delay: Delays exist between the time HIV infection is diagnosed and the time the infection is reported to MDHSS. As a result of reporting delays, case numbers for the most recent years of diagnosis may not be complete. Data from recent years should be considered provisional. The data presented in this report have not been adjusted for reporting delay. The data in this report represent all information reported to MDHSS through February 28, 2011.

Place of Residence: Data are presented based on an individual's residence at time of most recent diagnosis of HIV or AIDS. Only cases whose most recent diagnosis was Missouri are included in the analyses presented in the *Profiles*. This may or may not correspond with the individual's residence at the time of initial infection, or to the current residence.

Vital Status: Cases are presumed to be alive unless MDHSS has received notification of death. Current vital status information for cases is ascertained through routine matches with Missouri death certificates, reports of death from other states' surveillance programs, and routine site visits with major reporting sites. In 2010, the surveillance program conducted a comprehensive match between HIV cases reported to Missouri which were still presumed to be living and national death data files from 1982-2009. The match identified over 700 previously unreported deaths among Missouri cases. As a result, the number of persons reported living with HIV disease as of December 31, 2010 in the 2010 *Profiles* is lower than the number of persons reporting living with HIV disease as of December 31, 2009 in the 2009 *Profiles*. The lower number of living cases in the 2010 *Profiles* is due to the adjustments based on results of the death matching activities, and not due to a true decrease in the prevalence of the disease. Revisions for the number of persons living at the end of the year for the past ten year can be found in Figure 2 of the 2010 *Profiles*.

Exposure Category: Despite possible existence of multiple methods through which HIV can be transmitted, cases are assigned a single most likely exposure category based on a hierarchy developed by the CDC. A limitation of the dataset is the large number of cases reported with an undetermined exposure category. Data on cases with missing exposure category information have been proportionately re-distributed into known exposure categories in selected analyses.

Routine Interstate Duplicate Review (RIDR): The mobility of American citizens impacts the ability to accurately track individuals living with HIV/AIDS. Mobility may result in the same HIV infected person being counted in two or more different states. To help respond to potential duplication problems, the CDC initiated the Interstate Duplication Evaluation Project (IDEP), now called Routine Interstate Duplicate Review (RIDR) in 2002. RIDR

Epi Profiles Summary: Introduction

compares patient records throughout the nation in order to identify duplicate cases. The states with duplicate cases contact one another to compare patient profiles in order to determine the state to which the case belongs, based on residence during the earliest date of diagnosis. Because of this process, the cumulative number of cases within Missouri may change, but the process has increased the accuracy of Missouri's data by reducing the chance that a case has been counted more than once nationally.

Small Numbers: Data release limitations are set to ensure that the information cannot be used to inadvertently identify an individual. It is difficult to make meaningful statements concerning trends in areas with low numbers of cases. Please interpret rates where the numerator is less than 20 cases with caution because of the low reliability of rates based on a small number of cases.

Glossary of Terms: A glossary of terms is located at the end of the profile. If the reader is unclear about any terms used in the *Profiles*, please feel free to contact MDHSS BHSH for additional information.

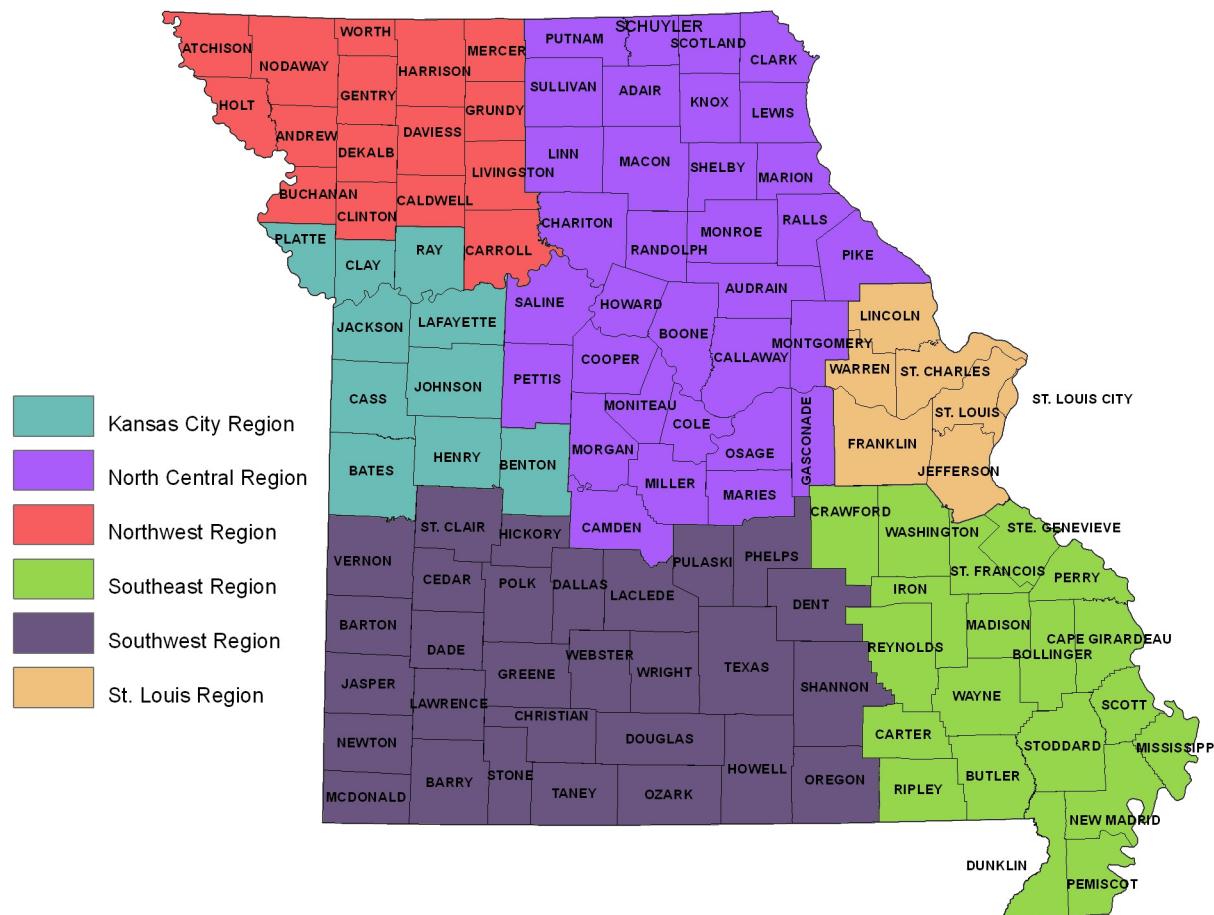
Race/Ethnicity: Race and ethnicity information has been collected under two different systems in the HIV/AIDS reporting system. Since many cases were reported under the old classification system, the use of the race and ethnicity categories from the old classification system will be maintained in this report. All cases identified with a Hispanic ethnicity will be reported in the *Profiles* as Hispanic, regardless of reported race information. In the text of this document, whenever cases are being discussed, the term "White" means White, not Hispanic, and "Black" means Black, not Hispanic. The number of cases reported as "not Hispanic" may include individuals whose ethnicity was not reported. Individuals who reported multiple racial categories or whose race was unknown are included in the category "Other/Unknown" or "Two or More Races/Unknown" depending on the table or figure.

Diagnoses in Correctional Facilities: For persons living in Missouri correctional facilities (which include state, county, and local facilities) at the time of their HIV/AIDS, chlamydia or gonorrhea diagnosis, the location of the correctional facility is considered the individual's residence at diagnosis. For persons living in Missouri correctional facilities at the time of their syphilis diagnosis, the residence at diagnosis is considered the individual's address prior to being incarcerated. Data for persons diagnosed in Missouri correctional facilities are included in the statewide data, since most of these individuals were likely Missouri residents prior to incarceration. However, diagnoses in Missouri correctional facilities are not included in the HIV/AIDS data for the six HIV regions of the state. This is based on the fact that these individuals, especially those in the state prison system, are often incarcerated in a different location than where they were residing (and were likely infected) prior to imprisonment. If included among the cases from the area where imprisoned at the time of diagnosis, it would distort the picture of the epidemic in that area. Individuals diagnosed at federal correctional facilities in Missouri are not included in any data presented.

Anonymous Testing: The data do not include cases of HIV infection reported or diagnosed in persons anonymously tested at the state's four anonymous testing sites in St. Louis City, Kansas City, Springfield, and Columbia.

Geographic Area vs. HIV Region: When data are presented by geographic area, the St. Louis City represents individuals diagnosed in the St Louis City limits. St. Louis County represents individuals diagnosed in St. Louis County. Kansas City represents individuals diagnosed in the Kansas City limits. Outstate represents individuals diagnosed in all other areas. Refer to the map on the following page for the counties included when data are presented by HIV region.

Missouri HIV Regions



Abbreviations

AIDS=Acquired Immunodeficiency Syndrome

BHSH=Bureau of HIV, STD, and Hepatitis

CDC=Centers for Disease Control and Prevention

CPG=Community Planning Group

eHARS=evaluation HIV/AIDS Reporting System

HCV=Hepatitis C Virus

HIV=Human Immunodeficiency Virus

IDEP=Interstate Duplicate Evaluation Project

IDU=Injection drug use/Injection drug user

HRSA=Health Resources and Services Administration

MDHSS=Missouri Department of Health and Senior Services

MSM=Men who have sex with men

MSM/IDU=Men who have sex with men and inject drugs

NIR>No indicated risk

P&S=Primary and secondary

RIDR=Routine Interstate Duplicate Review

STD=Sexually Transmitted Disease

STD*MIS=Sexually Transmitted Disease Management Information System

TB=Tuberculosis



MISSOURI STATE SUMMARY

Population Estimates, by HIV Region, Missouri, 2009							
	St. Louis Region	Kansas City Region	Northwest Region	North Central Region	Southwest Region	Southeast Region	Missouri Total
Sex							
Male	1,018,844	629,930	121,879	367,369	548,616	239,364	2,926,002
Female	1,090,623	660,993	122,598	374,466	566,360	246,538	3,061,578
Total	2,109,467	1,290,923	244,477	741,835	1,114,976	485,902	5,987,580
Race/Ethnicity							
White	1,572,563	983,939	226,327	662,892	1,015,744	439,164	4,900,629
Black	406,298	178,051	7,209	38,709	20,207	28,236	678,710
Hispanic	49,929	81,245	5,790	18,883	40,028	8,032	203,907
Asian/Pacific Islander	50,028	21,179	1,377	8,582	10,441	2,398	94,005
American Indian/Alaskan							
Native	5,267	5,920	956	2,794	9,877	2,244	27,058
Two or More Races	25,382	20,589	2,818	9,975	18,679	5,828	83,271
Total	2,109,467	1,290,923	244,477	741,835	1,114,976	485,902	5,987,580
Race/Ethnicity-Males							
White Male	768,981	481,537	111,643	325,404	497,149	215,497	2,400,211
Black Male	184,991	82,691	4,599	20,993	11,280	14,268	318,822
Hispanic Male	26,172	42,504	3,060	10,212	21,081	4,349	107,378
Asian/Pacific Islander Male	23,742	10,107	602	4,260	4,942	1,140	44,793
American Indian/Alaskan							
Native Male	2,617	2,956	512	1,409	4,983	1,174	13,651
Two or More Races Male	12,341	10,135	1,463	5,091	9,181	2,936	41,147
Total	1,018,844	629,930	121,879	367,369	548,616	239,364	2,926,002
Race/Ethnicity-Females							
White Female	803,582	502,402	114,684	337,488	518,595	223,667	2,500,418
Black Female	221,307	95,360	2,610	17,716	8,927	13,968	359,888
Hispanic Female	23,757	38,741	2,730	8,671	18,947	3,683	96,529
Asian/Pacific Islander Female	26,286	11,072	775	4,322	5,499	1,258	49,212
American Indian/Alaskan							
Native Female	2,650	2,964	444	1,385	4,894	1,070	13,407
Two or More Races Female	13,041	10,454	1,355	4,884	9,498	2,892	42,124
Total	1,090,623	660,993	122,598	374,466	566,360	246,538	3,061,578
Age							
<2	56,667	37,671	6,526	19,838	31,572	13,319	165,593
2-12	299,879	193,234	33,139	101,378	161,104	69,143	857,877
13-18	177,657	104,598	19,989	60,011	93,085	40,221	495,561
19-24	157,833	98,401	22,494	81,264	106,431	38,338	504,761
25-44	567,883	357,515	59,708	179,076	270,462	119,747	1,554,391
45-64	578,123	339,052	63,681	193,174	283,987	128,955	1,586,972
65+	271,425	160,452	38,940	107,094	168,335	76,179	822,425
Total	2,109,467	1,290,923	244,477	741,835	1,114,976	485,902	5,987,580

Source: MDHSS, Bureau of Health Informatics

Key Highlights: What is the scope of the HIV/AIDS epidemic in Missouri?

Magnitude of the Problem and General Trends

- From 1982 to 2010, there have been a total of 17,912 persons diagnosed with HIV disease in Missouri and reported to MDHSS. Of these individuals, 12,306 (69%) were subcategorized as AIDS cases, and the remaining 5,606 (31%) were subcategorized as HIV cases. Of the cumulative number of persons diagnosed with HIV disease, 10,862 (61%) were presumed to be living at the end of 2010.
- The number of new diagnoses has fluctuated slightly between 2001 and 2010, with no sustained upward or downward trend in new HIV diagnoses over this time period. In 2010, there were 585 persons newly diagnosed with HIV disease. However, this value has not been adjusted for reporting delays, and therefore is likely to change.
- The number of persons living with HIV disease continued to increase every year, from 7,555 persons in 2001 to 10,862 persons in 2010. The increase is primarily due to the fact that individuals are living longer with the disease as a result of improved treatment and medical care.

Where

- HIV disease disproportionately impacts the state's two major metropolitan areas (St. Louis and Kansas City). The highest rates of new diagnoses and persons living with HIV disease, as well as the largest numbers of cases, were found in these two areas.
- The rate of persons newly diagnosed who remained classified as HIV cases at the end of 2010 was highest in St. Louis City (31.4 per 100,000). The second highest rate was in Kansas City (21.6 per 100,000). The rate of persons newly diagnosed who were classified as AIDS cases at the end of 2010 was highest in St. Louis City (9.5 per 100,000), and second highest in Kansas City (5.4 per 100,000).

Who

Sex

- Males represented the majority of persons newly diagnosed (81%) and living with (83%) HIV disease. The rates of new diagnoses and persons living with HIV disease were more than four times greater among males than females.

Race/Ethnicity

- HIV disease continues to disproportionately impact minorities. The rate of newly diagnosed HIV disease cases was 9.0 times greater among blacks than whites, and 2.7 times greater among Hispanics than whites. The disparity was even greater among black females. While black females represented only 12% of Missouri's female population, black females accounted for 70% of new female HIV disease diagnoses. It should be emphasized that race/ethnicity in itself is not a risk factor for HIV infection; however, among many racial/ethnic minority populations, social, economic, and cultural factors are associated with high rates of HIV risk behavior. These factors also may be barriers to receiving HIV prevention information or accessing HIV testing, diagnosis, and treatment.

Age

- The age of individuals living with HIV disease has increased over time. In 2001, the largest numbers of persons living with HIV disease were 35-39 years of age, whereas in 2010 persons 45-49 years old represented the largest number of living cases.
- Although the age of persons living with the disease has increased over time, the age of new diagnoses has decreased. In 2010, the largest numbers of persons newly diagnosed with HIV disease were between 19-24 years of age, compared to 2001 when the largest numbers of new diagnoses were 35-39 years of age. The difference may be attributed to increased testing among younger individuals or due to a true increase in the number of new infections at a younger age.

Exposure Category

- The majority of new diagnoses continue to be attributed to men who have sex with men. Among females, heterosexual contact was the primary mode of transmission. In 2010, there were three persons less than 13 years of age diagnosed with HIV disease.

Figure 1. HIV disease cases (living and deceased), by current HIV vs. AIDS status, Missouri, 1982—2010

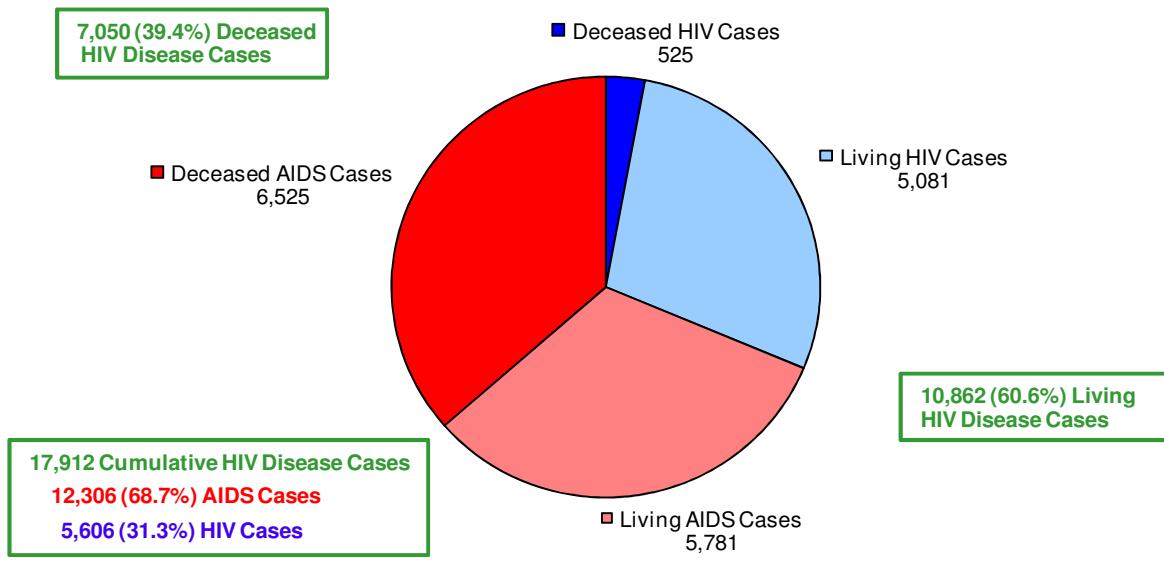
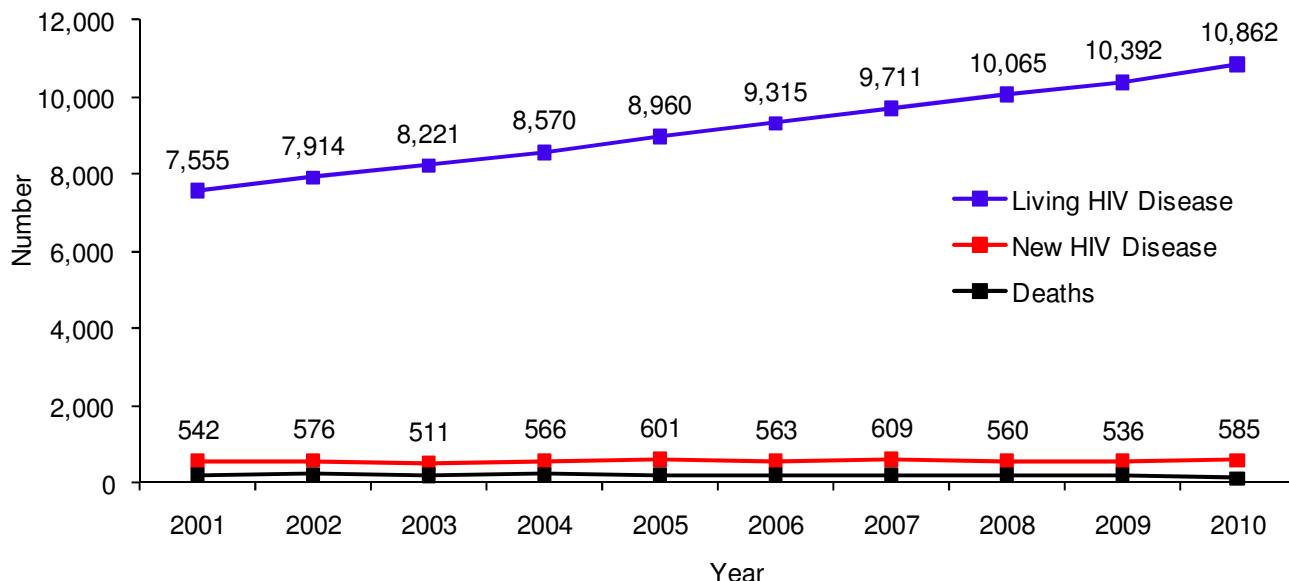


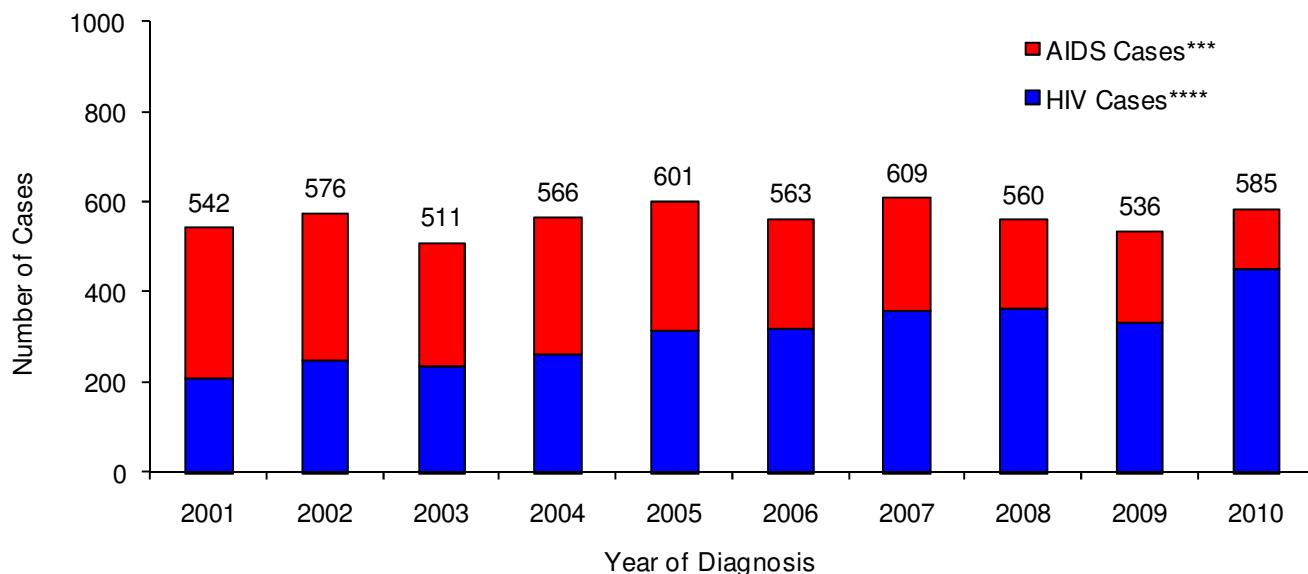
Figure 2. Living and new HIV disease cases and deaths by year*, Missouri, 2001—2010



*For living HIV disease cases—the number of individuals living with HIV disease at the end of the year; For new HIV disease cases—the number of individuals newly diagnosed in the year; For HIV disease deaths—the number of individuals that died in the year.

From 1982 to 2010, there have been a total of 17,912 HIV disease cases diagnosed in Missouri and reported to MDHSS (Figure 1). Of the cumulative cases reported, 61% were still presumed to be living with HIV disease at the end of 2010. Among those living with HIV disease, 5,081 were classified as HIV cases at the end of 2010 and 5,781 were classified as AIDS cases.

At the end of 2010, there were 10,862 persons living with HIV disease whose most recent diagnosis occurred in Missouri (Figure 2). The number of people living with HIV disease increased each year. There were 585 new HIV disease diagnoses in 2010. The number of new diagnoses from 2001 to 2010 has fluctuated; the number of new diagnoses ranged from 511 cases in 2003 to 609 cases in 2007. The number of deaths among persons with HIV disease each year has remained generally steady. The lower number of deaths in 2010 was likely due to delays in death reporting.

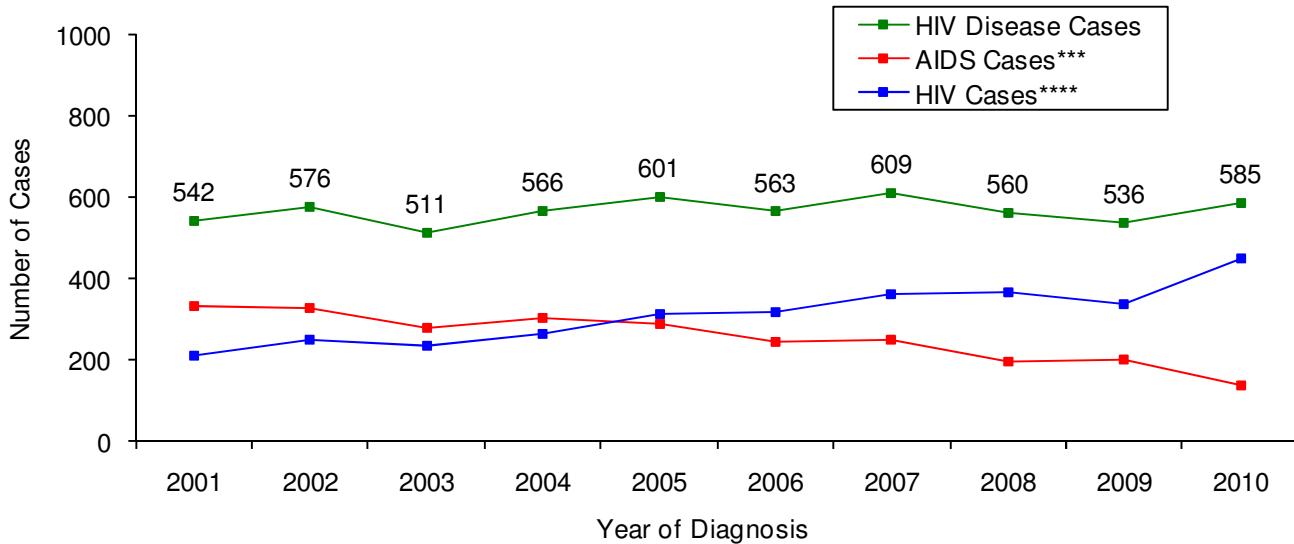
Figure 3. HIV disease cases, by current status* and year of diagnosis, Missouri, 2001-2010**

*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Figure 4. Reported HIV disease cases, by current status* and year of diagnosis, Missouri, 2001-2010**

*HIV case vs. AIDS case

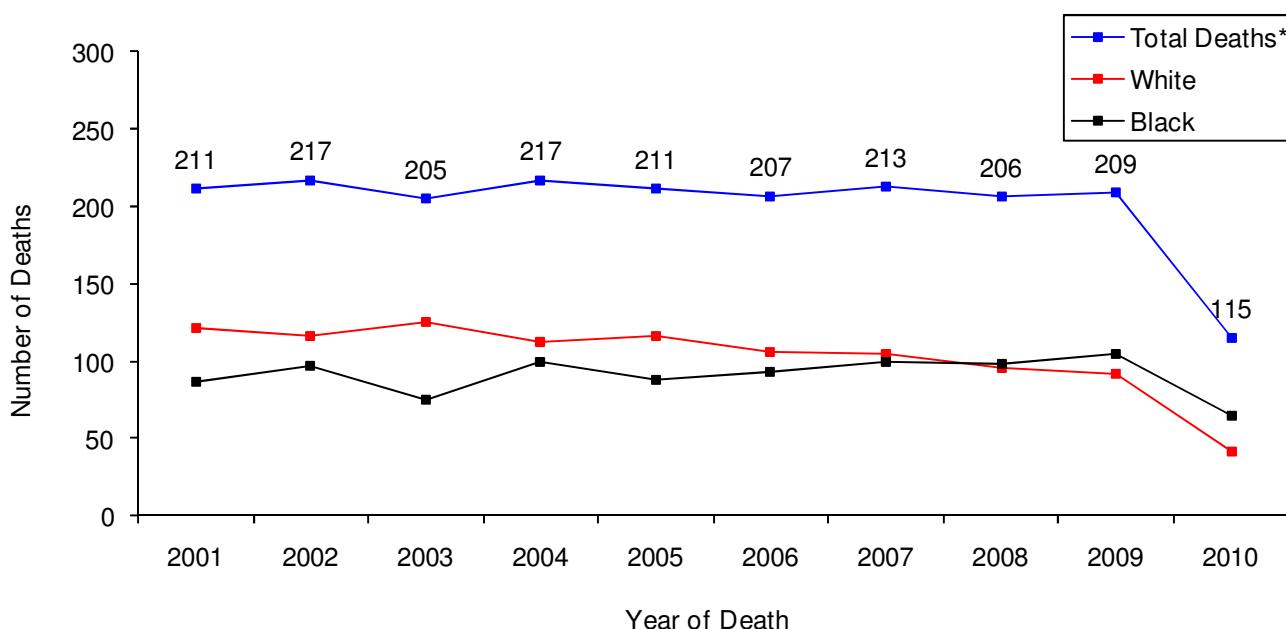
**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Between 2001 and 2010, the number of new HIV disease diagnoses has ranged from 511 cases in 2003, to 609 cases in 2007 (Figures 3 and 4). The number of new diagnoses has fluctuated slightly between 2001 and 2010, with no sustained upward or downward trend in new HIV diagnoses over this time period. Differences in the number of persons sub-classified as AIDS cases each year are due to the progression of the disease over time. For those diagnosed with HIV disease in 2001, a larger number are currently classified as AIDS cases compared to those diagnosed in 2010 because they have been living with the virus longer.

Figure 5. HIV disease deaths*, by selected race, by year of death, Missouri, 2001—2010[†]**

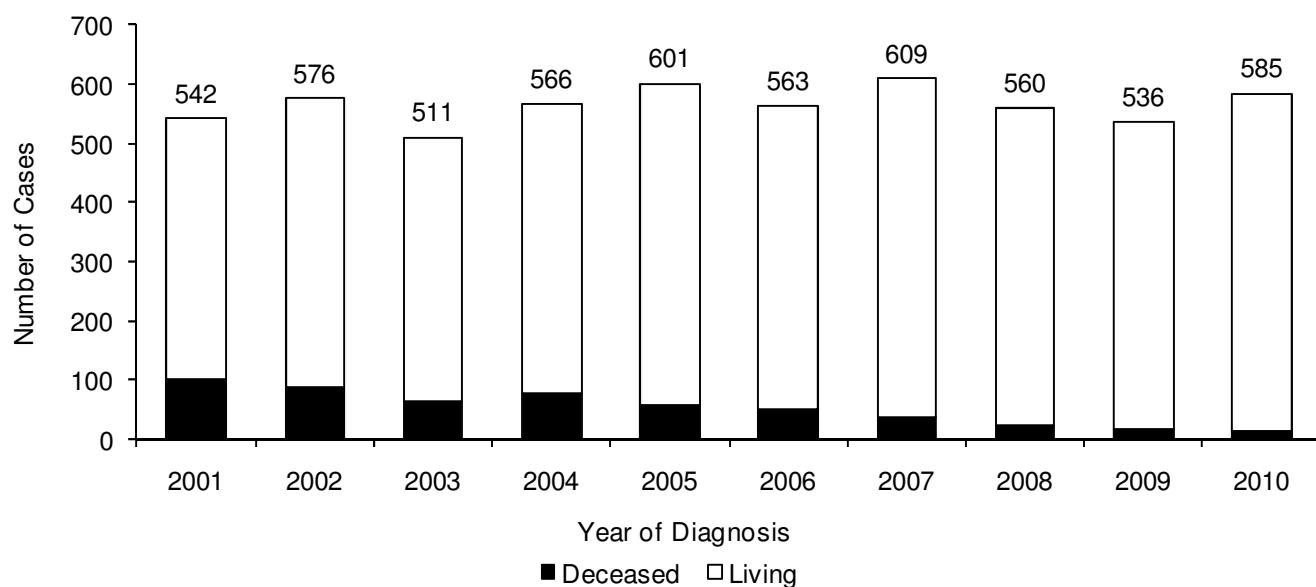


*Includes deaths that have occurred among those diagnosed with HIV disease in Missouri.

**Total deaths include persons of all races.

[†]Only includes deaths through December 31, 2010, and reported by February 28, 2011.

Figure 6. Persons diagnosed with HIV disease by current vital status* and year of diagnosis, Missouri, 2001—2010**



*Vital status on December 31, 2010.

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

The number of deaths among persons with HIV disease was generally steady between 2001 and 2009 (Figure 5). The lower number of deaths in 2010 was likely due to delays in death reporting.

Of the 542 persons diagnosed with HIV disease in 2001, 100 (18%) were deceased by the end of 2010 (Figure 6). Among the 585 cases first diagnosed in 2010, 13 (2%) were deceased at the end of 2010. The difference in the proportion of cases that are deceased is due to the length of time individuals have been living with the disease.

Table 1. Living[†] HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and by current age, Missouri, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	4,154	81.8%	142.0	4,849	83.9%	165.7	9,003	82.9%	307.7
Female	927	18.2%	30.3	932	16.1%	30.4	1,859	17.1%	60.7
Total	5,081	100.0%	84.9	5,781	100.0%	96.5	10,862	100.0%	181.4
Race/Ethnicity									
White	2,546	50.1%	52.0	2,935	50.8%	59.9	5,481	50.5%	111.8
Black	2,252	44.3%	331.8	2,552	44.1%	376.0	4,804	44.2%	707.8
Hispanic	198	3.9%	97.1	222	3.8%	108.9	420	3.9%	206.0
Asian/Pacific Islander	37	0.7%	39.4	20	0.3%	21.3	57	0.5%	60.6
American Indian/Alaskan Native	7	0.1%	25.9	13	0.2%	48.0	20	0.2%	73.9
Two or More Races/Unknown	41	0.8%	--	39	0.7%	--	80	0.7%	--
Total	5,081	100.0%	84.9	5,781	100.0%	96.5	10,862	100.0%	181.4
Race/Ethnicity-Males									
White Male	2,230	53.7%	92.9	2,642	54.5%	110.1	4,872	54.1%	203.0
Black Male	1,697	40.9%	532.3	1,960	40.4%	614.8	3,657	40.6%	1147.0
Hispanic Male	159	3.8%	148.1	191	3.9%	177.9	350	3.9%	326.0
Asian/Pacific Islander Male	31	0.7%	69.2	14	0.3%	31.3	45	0.5%	100.5
American Indian/Alaskan Native Male	7	0.2%	51.3	12	0.2%	87.9	19	0.2%	139.2
Two or More Races/Unknown Male	30	0.7%	--	30	0.6%	--	60	0.7%	--
Total	4,154	100.0%	142.0	4,849	100.0%	165.7	9,003	100.0%	307.7
Race/Ethnicity-Females									
White Female	316	34.1%	12.6	293	31.4%	11.7	609	32.8%	24.4
Black Female	555	59.9%	154.2	592	63.5%	164.5	1,147	61.7%	318.7
Hispanic Female	39	4.2%	40.4	31	3.3%	32.1	70	3.8%	72.5
Asian/Pacific Islander Female	6	0.6%	12.2	6	0.6%	12.2	12	0.6%	24.4
American Indian/Alaskan Native Female	0	0.0%	0.0	1	0.1%	7.5	1	0.1%	7.5
Two or More Races/Unknown Female	11	1.2%	--	9	1.0%	--	20	1.1%	--
Total	927	100.0%	30.3	932	100.0%	30.4	1,859	100.0%	60.7
Current Age[‡]									
<2	1	0.0%	0.6	0	0.0%	0.0	1	0.0%	0.6
2-12	30	0.6%	3.5	2	0.0%	0.2	32	0.3%	3.7
13-18	38	0.7%	7.7	18	0.3%	3.6	56	0.5%	11.3
19-24	402	7.9%	79.6	120	2.1%	23.8	522	4.8%	103.4
25-44	2,479	48.8%	159.5	2,200	38.1%	141.5	4,679	43.1%	301.0
45-64	2,001	39.4%	126.1	3,216	55.6%	202.7	5,217	48.0%	328.7
65+	130	2.6%	15.8	225	3.9%	27.4	355	3.3%	43.2
Total	5,081	100.0%	84.9	5,781	100.0%	96.5	10,862	100.0%	181.4

[†]Includes persons diagnosed with HIV disease in Missouri who are currently living, regardless of current residence. Includes persons diagnosed in Missouri correctional facilities.

*Cases which remained HIV cases at the end of 2010.

**Cases classified as AIDS by December 31, 2010.

***The sum of HIV cases and AIDS cases.

****Per 100,000 population based on 2009 MDHSS estimates.

[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and current age, Missouri, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	362	80.4%	12.4	110	81.5%	3.8	472	80.7%	16.1
Female	88	19.6%	2.9	25	18.5%	0.8	113	19.3%	3.7
Total	450	100.0%	7.5	135	100.0%	2.3	585	100.0%	9.8
Race/Ethnicity									
White	186	41.3%	3.8	55	40.7%	1.1	241	41.2%	4.9
Black	235	52.2%	34.6	65	48.1%	9.6	300	51.3%	44.2
Hispanic	14	3.1%	6.9	13	9.6%	6.4	27	4.6%	13.2
Asian/Pacific Islander	8	1.8%	8.5	1	0.7%	1.1	9	1.5%	9.6
American Indian/Alaskan Native	2	0.4%	7.4	0	0.0%	0.0	2	0.3%	7.4
Two or More Races/Unknown	5	1.1%	--	1	0.7%	--	6	1.0%	--
Total	450	100.0%	7.5	135	100.0%	2.3	585	100.0%	9.8
Race/Ethnicity-Males									
White Male	165	45.6%	6.9	52	47.3%	2.2	217	46.0%	9.0
Black Male	175	48.3%	54.9	46	41.8%	14.4	221	46.8%	69.3
Hispanic Male	10	2.8%	9.3	10	9.1%	9.3	20	4.2%	18.6
Asian/Pacific Islander Male	7	1.9%	15.6	1	0.9%	2.2	8	1.7%	17.9
American Indian/Alaskan Native Male	2	0.6%	14.7	0	0.0%	0.0	2	0.4%	14.7
Two or More Races/Unknown Male	3	0.8%	--	1	0.9%	--	4	0.8%	--
Total	362	100.0%	12.4	110	100.0%	3.8	472	100.0%	16.1
Race/Ethnicity-Females									
White Female	21	23.9%	0.8	3	12.0%	0.1	24	21.2%	1.0
Black Female	60	68.2%	16.7	19	76.0%	5.3	79	69.9%	22.0
Hispanic Female	4	4.5%	4.1	3	12.0%	3.1	7	6.2%	7.3
Asian/Pacific Islander Female	1	1.1%	2.0	0	0.0%	0.0	1	0.9%	2.0
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	2	2.3%	--	0	0.0%	--	2	1.8%	--
Total	88	100.0%	2.9	25	100.0%	0.8	113	100.0%	3.7
Current Age[‡]									
<2	1	0.2%	0.6	0	0.0%	0.0	1	0.2%	0.6
2-12	2	0.4%	0.2	0	0.0%	0.0	2	0.3%	0.2
13-18	11	2.4%	2.2	4	3.0%	0.8	15	2.6%	3.0
19-24	125	27.8%	24.8	13	9.6%	2.6	138	23.6%	27.3
25-44	228	50.7%	14.7	68	50.4%	4.4	296	50.6%	19.0
45-64	81	18.0%	5.1	48	35.6%	3.0	129	22.1%	8.1
65+	2	0.4%	0.2	2	1.5%	0.2	4	0.7%	0.5
Total	450	100.0%	7.5	135	100.0%	2.3	585	100.0%	9.8

*HIV cases diagnosed during 2010 which remained HIV cases at the end of the year. Includes persons diagnosed in Missouri correctional facilities.

**AIDS cases initially diagnosed in 2010.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases diagnosed prior to 2010 with HIV, which progressed to AIDS in 2010.

****Per 100,000 population based on 2009 MDHSS estimates.

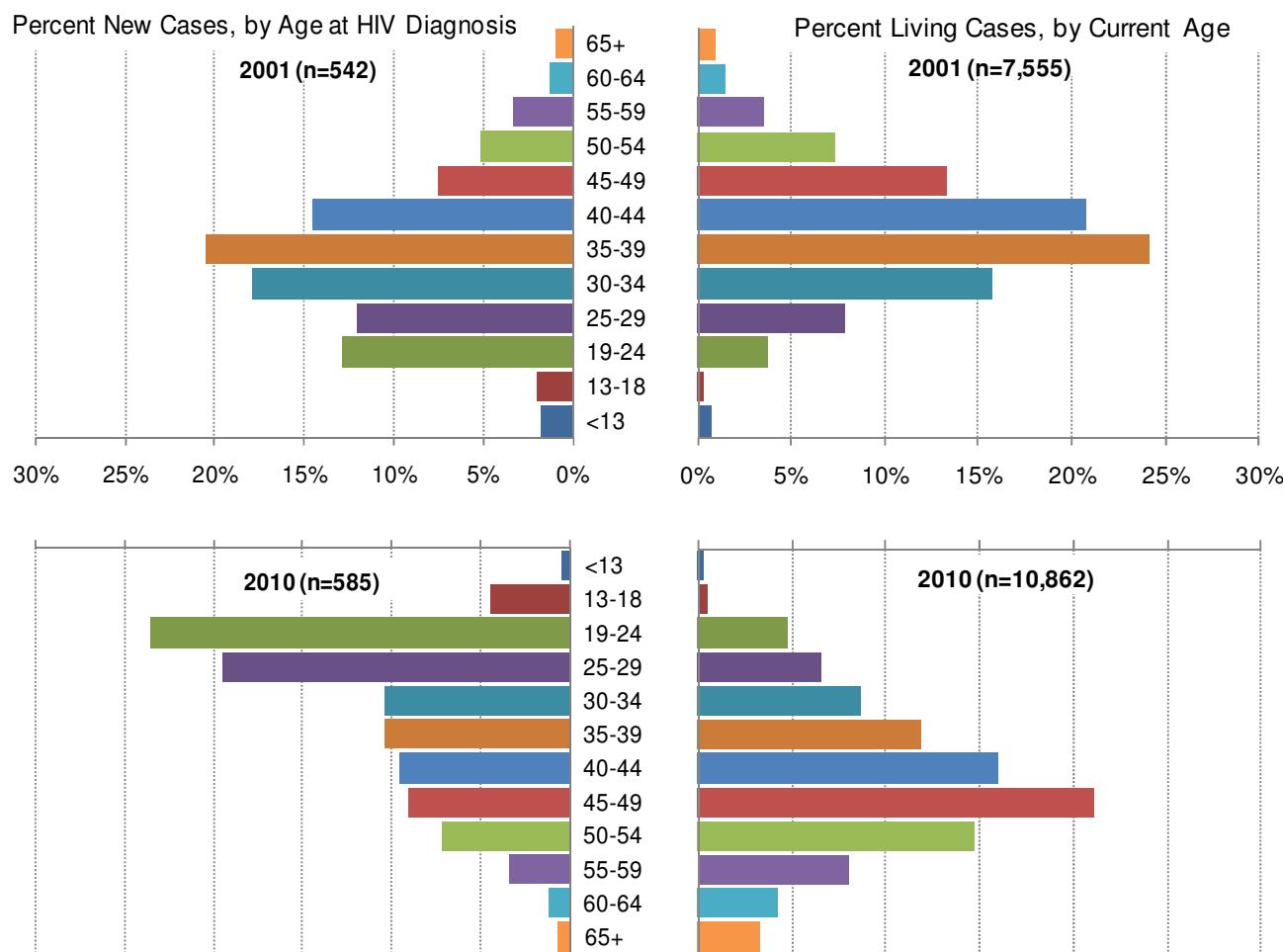
[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Of the 10,862 persons living with HIV at the end of 2010, 83% were males (Table 1). The rate of those living with HIV disease was 5.1 times greater among males than females. Although whites represented the largest proportion of living HIV disease cases (51%), the rate of those living with HIV disease was 6.3 times greater among blacks than whites. The rate was 1.8 times greater among Hispanics than whites. Among males, the rate of living cases was 5.7 times greater for blacks than whites, and 1.6 times greater for Hispanics than whites. Among females, the rate of those living with HIV disease was 13.1 times greater among blacks than whites, and 3.0 times greater among Hispanics than whites.

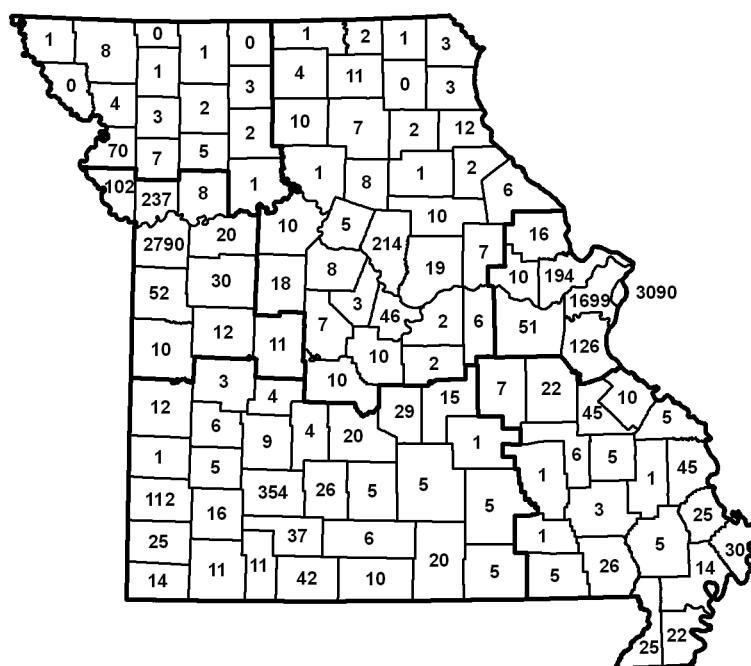
Of the 585 persons newly diagnosed with HIV disease in 2010, 23% were classified as AIDS cases by the end of 2010 (Table 2). The rate of new HIV disease diagnoses was 4.4 times greater among males than females. The rate of new HIV disease cases was 9.0 times greater among blacks than whites, and 2.7 times greater in Hispanics than whites. White females represented a greater proportion of the newly diagnosed HIV cases (24%) compared to the newly diagnosed AIDS cases (12%). A greater proportion of the new AIDS cases occurred among Hispanics compared to new HIV cases.

Figure 7. Distribution of new HIV disease cases by age at diagnosis and living HIV disease cases by current age in selected year, Missouri, 2001 and 2010



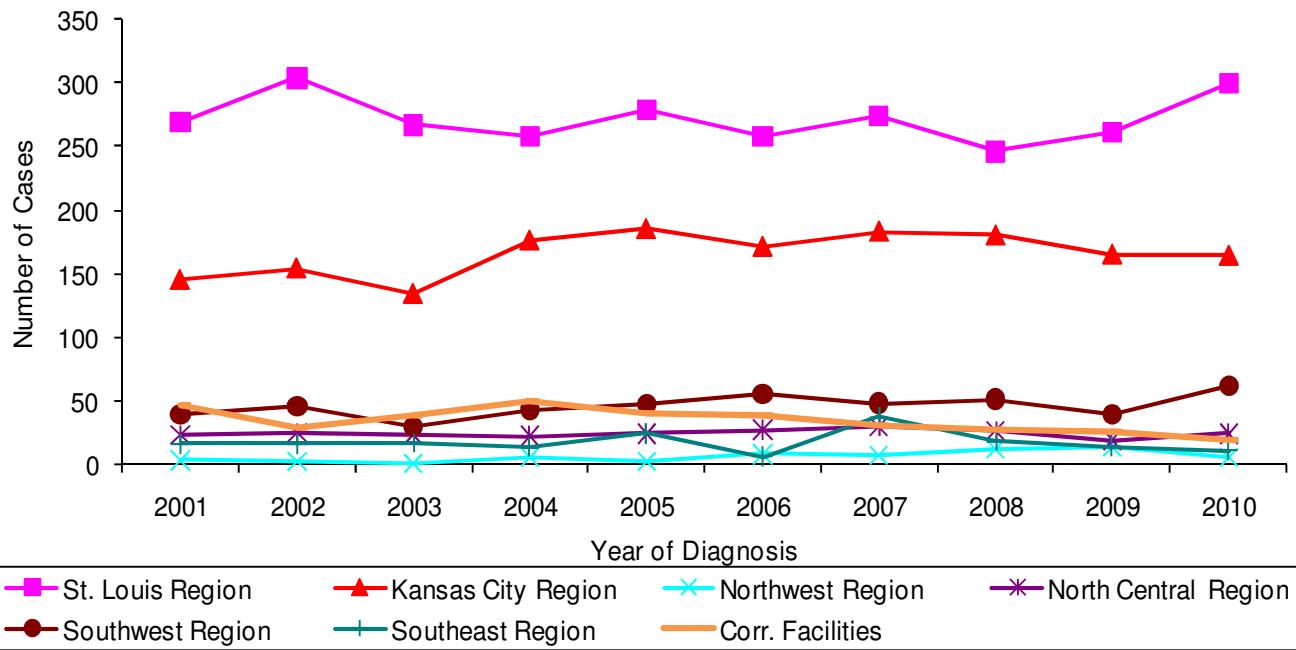
Changes have occurred in the distribution of the age at diagnosis among new HIV disease cases over time (Figure 7). In 2001, the greatest proportion of new diagnoses occurred among those ages 30-34 (18%) and 35-39 (20%). In 2010, the greatest proportion of new diagnoses occurred among those ages 19-24 (24%) and 25-29 (19%). Although the age of new diagnoses has decreased, the age of individuals living with HIV has increased over time. In 2001, the greatest proportion of living cases was between 35-39 years of age (24%). In 2010, the greatest proportion of living cases was between 45-49 years old (21%).

Figure 8. Number of persons living with HIV disease by county of residence* and HIV region at time of diagnosis, Missouri, 1982-2010



*Based on residence at time of most recent diagnosis of HIV or AIDS. Excludes persons diagnosed in Missouri correctional facilities (n=729).

Figure 9. Persons diagnosed with HIV disease by HIV region at time of diagnosis, Missouri, 2001-2010



The largest numbers of persons living with HIV disease in 2010 were most recently diagnosed in St. Louis City (3,090), Jackson County (2,790) and St. Louis County (1,699) (Figure 8). The St. Louis HIV region has represented the largest number of new HIV disease diagnoses in each year from 2001-2010 (Figure 9). From 2008 to 2010, the number of new HIV disease diagnoses increased in the St. Louis HIV region. The number of new diagnoses in the Kansas City has been generally stable from 2004 to 2010. The number of new diagnoses in the North Central HIV regions has remained generally stable with slight fluctuations from 2001 to 2010. The number of new diagnoses decreased between 2009 and 2010 in the Northwest and Southeast HIV regions. In the Southwest HIV region, the number of new diagnoses in 2010 represented the largest number reported in the region since 1996.

Table 3. New and living HIV and AIDS cases and rates, by geographic area, and by HIV region, Missouri, 2010

Location	HIV Cases						AIDS Cases					
	Diagnosed 2010*			Living with HIV			Diagnosed 2010**			Living with AIDS		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Geographic Area												
St. Louis City†	112	24.9%	31.4	1,471	29.0%	412.5	34	25.2%	9.5	1,619	28.0%	454.0
St. Louis County†	95	21.1%	9.6	833	16.4%	83.9	32	23.7%	3.2	866	15.0%	87.3
Kansas City†	104	23.1%	21.6	1,141	22.5%	236.6	26	19.3%	5.4	1,506	26.1%	312.3
Outstate†	123	27.3%	3.0	1,291	25.4%	31.1	40	29.6%	1.0	1,406	24.3%	33.8
Missouri Correctional Facilities††	16	3.6%	N/A	345	6.8%	N/A	3	2.2%	N/A	384	6.6%	N/A
Total	450	100.0%	7.5	5,081	100.0%	84.9	135	100.0%	2.3	5,781	100.0%	96.5
HIV Region												
St. Louis HIV Region†	229	50.9%	10.9	2,505	49.3%	118.8	71	52.6%	3.4	2,681	46.4%	127.1
Kansas City HIV Region†	132	29.3%	10.2	1,429	28.1%	110.7	32	23.7%	2.5	1,843	31.9%	142.8
Northwest HIV Region†	4	0.9%	1.6	50	1.0%	20.5	1	0.7%	0.4	58	1.0%	23.7
North Central HIV Region†	18	4.0%	2.4	212	4.2%	28.6	6	4.4%	0.8	239	4.1%	32.2
Southwest HIV Region†	44	9.8%	3.9	401	7.9%	36.0	18	13.3%	1.6	412	7.1%	37.0
Southeast HIV Region†	7	1.6%	1.4	139	2.7%	28.6	4	3.0%	0.8	164	2.8%	33.8
Missouri Correctional Facilities††	16	3.6%	N/A	345	6.8%	N/A	3	2.2%	N/A	384	6.6%	N/A
MISSOURI	450	100.0%	7.5	5,081	100.0%	84.9	135	100.0%	2.3	5,781	100.0%	96.5

*HIV cases diagnosed and reported to the Department during 2010 which remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
***Per 100,000 population based on 2009 MDHSS estimates.
†Does not include persons diagnosed in Missouri correctional facilities.
††Includes persons diagnosed in Missouri correctional facilities.
Note: Percentages may not total due to rounding.

There were differences in the proportion of persons newly diagnosed with HIV disease that were either concurrently diagnosed with AIDS or progressed to AIDS at the end of 2010 by geographic area and HIV region (Table 3). In Outstate and St. Louis County, 25% of newly diagnosed HIV disease cases progressed to AIDS at the end of 2010. In comparison, the proportion was 23%, 20%, and 16% for St. Louis City, Kansas City, Missouri correctional facilities, respectively. In the Southeast HIV region, 36% of newly diagnosed HIV disease cases progressed to AIDS at the end of 2010. Whereas the proportion was 29%, 25%, 24%, 20%, 20%, and 16% for the HIV regions of Southwest, North Central, St. Louis, Northwest, Kansas City, and Missouri correctional facilities, respectively. The variation in the proportion of newly diagnosed individuals that progressed to AIDS by the end of 2010 among the geographic areas may be related to differences in when individuals were tested in the course of their disease progression, or differences in active surveillance techniques.

The rates of new and living HIV and AIDS cases were greatest in St. Louis City (Table 3). The rate of new HIV case diagnoses was 10.5 times higher in St. Louis City compared to Outstate, and 7.2 times higher in Kansas City than Outstate. The rate of new AIDS case diagnoses was 9.5 times higher in St. Louis City compared to Outstate, and 5.4 times higher in Kansas City than Outstate. This demonstrates the disproportionate impact of HIV disease on the major metropolitan areas in Missouri.

Table 4. Diagnosed HIV cases and rates, by selected race/ethnicity, by geographic area, Missouri, 2010

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases**	%	Rate*
St. Louis City†	32	28.6%	19.7	73	65.2%	42.8	2	1.8%	18.2	112	100.0%	31.4
St. Louis County†	17	17.9%	2.4	75	78.9%	34.9	1	1.1%	4.2	95	100.0%	9.6
Kansas City†	40	38.5%	14.6	53	51.0%	39.1	7	6.7%	14.6	104	100.0%	21.6
Outstate Missouri†	89	72.4%	2.4	26	21.1%	16.5	4	3.3%	3.3	123	100.0%	3.0
Missouri Correctional Facilities††	8	50.0%	N/A	8	50.0%	N/A	0	0.0%	N/A	16	100.0%	N/A
MISSOURI TOTAL	186	41.3%	3.8	235	52.2%	34.6	14	3.1%	6.9	450	100.0%	7.5

*Per 100,000 population based on 2009 MDHSS estimates.
**Includes cases in persons whose race/ethnicity is either unknown or not listed.
†Does not include persons diagnosed in Missouri correctional facilities.
††Includes persons diagnosed in Missouri correctional facilities.
Note: Row percentages are shown. Percentages may not total due to rounding.

Table 5. Diagnosed HIV cases and rates, by selected race/ethnicity, by HIV region, Missouri, 2010

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases**	%	Rate*
St. Louis HIV Region†	63	27.5%	4.0	155	67.7%	38.1	3	1.3%	6.0	229	100.0%	10.9
Kansas City HIV Region†	61	46.2%	6.2	59	44.7%	33.1	7	5.3%	8.6	132	100.0%	10.2
Northwest HIV Region†	3	75.0%	1.3	0	0.0%	0.0	1	25.0%	17.3	4	100.0%	1.6
North Central HIV Region†	14	77.8%	2.1	4	22.2%	10.3	0	0.0%	0.0	18	100.0%	2.4
Southwest HIV Region†	34	77.3%	3.3	5	11.4%	24.7	3	6.8%	7.5	44	100.0%	3.9
Southeast HIV Region†	3	42.9%	0.7	4	57.1%	14.2	0	0.0%	0.0	7	100.0%	1.4
Missouri Correctional Facilities††	8	50.0%	N/A	8	50.0%	N/A	0	0.0%	N/A	16	100.0%	N/A
MISSOURI TOTAL	186	41.3%	3.8	235	52.2%	34.6	14	3.1%	6.9	450	100.0%	7.5

*Per 100,000 population based on 2009 MDHSS estimates.
**Includes cases in persons whose race/ethnicity is either unknown or not listed.
†Does not include persons diagnosed in Missouri correctional facilities.
††Includes persons diagnosed in Missouri correctional facilities.
Note: Row percentages are shown. Percentages may not total due to rounding.

The proportion of new HIV cases diagnosed in 2010 by race/ethnicity varied by geographic area (Table 4). Whites comprised 72% of new HIV case diagnoses in 2010 in Outstate, but only 18% of new HIV cases in St. Louis County. Differences in the general population distribution of each of these geographic areas likely explain the variation observed. The difference in the rate of new HIV case diagnoses by race/ethnicity also varied by geographic area. In St. Louis County, the rate of new HIV cases was 14.5 times greater in blacks than whites, and 1.8 times greater in Hispanics than whites. In comparison, the rate of new HIV cases was only 2.7 times greater in blacks than whites, and the rate was the same for whites and Hispanics in Kansas City.

Similar patterns observed for the geographic areas were also present by HIV region (Table 5). In the North Central HIV region, whites represented 78% of new HIV case diagnoses. Whereas whites represented only 28% of new HIV cases in the St. Louis HIV region. The rate of new HIV case diagnoses was 20.3 times higher for blacks than whites in the Southeast HIV region. In all other regions, with new diagnoses reported among both race/ethnicity groups, the rate of new HIV cases diagnoses was between five and ten times greater among blacks than whites.

Table 6. Newly diagnosed and living HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Missouri, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	127	48.1%	1710	56.9%	37	52.1%	2055	58.3%
Black	122	46.2%	1125	37.4%	27	38.0%	1304	37.0%
Hispanic	7	2.7%	123	4.1%	5	7.0%	124	3.5%
Other/Unknown	8	3.0%	47	1.6%	2	2.8%	43	1.2%
MISSOURI TOTAL***	264	100.0%	3,005	100.0%	71	100.0%	3,526	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
***Totals include persons diagnosed in Missouri correctional facilities.
Note: Percentages may not total due to rounding.

Table 7. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by current age group, Missouri, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	16	0.7%	0	0.0%	17	0.3%
19-24	72	1.9%	249	10.3%	10	4.0%	343	5.3%
25-44	1381	36.7%	1159	47.7%	135	54.7%	2717	41.6%
45-64	2147	57.0%	964	39.7%	98	39.7%	3242	49.6%
65+	165	4.4%	41	1.7%	4	1.6%	212	3.2%
MISSOURI TOTAL	3,765	100.0%	2,429	100.0%	247	100.0%	6,531	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Totals include persons diagnosed in Missouri correctional facilities.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

The data presented for each exposure category for Tables 6-19 have not been adjusted to redistribute individuals with missing exposure category information. Therefore these data only represent those individuals with an exposure category reported to MDHSS. The total number of individuals in each exposure category is likely underestimated, especially among those newly diagnosed in 2010. These data are subject to change.

There were a total of 335 new HIV disease diagnoses attributed to men who have sex with men (MSM) in 2010 (Table 6). Blacks and whites represented a nearly equal proportion of new HIV cases among MSM; whites represented the greatest proportion of new AIDS cases among MSM. Whites represented a larger proportion of MSM living with both HIV and AIDS compared to blacks. Of the newly diagnosed cases among MSM, 21% progressed to AIDS by the end of 2010. Hispanics represented the greatest proportion of cases that progressed to AIDS in 2010 (42%).

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM (Table 7). Among white MSM living with HIV disease, the majority (57%) were between 45-64 years of age at the end of 2010. In contrast, only 40% of living black and Hispanic MSM with HIV disease were between 45-64 years of age. The greatest numbers of black and Hispanic MSM living with HIV disease were between 25-44 years of age at the end of 2010. Black MSM represented the largest number of individuals living with HIV who were less than 25 years of age at the end of 2010 (249).

Table 8. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by geographic area, by HIV region, Missouri, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	996	50.5%	908	46.0%	38	1.9%	1,973	30.2%
St. Louis County	495	47.4%	499	47.8%	40	3.8%	1,045	16.0%
Kansas City	980	55.7%	644	36.6%	104	5.9%	1,758	26.9%
Outstate	1,193	83.5%	161	11.3%	57	4.0%	1,429	21.9%
Missouri Correctional Facilities	101	31.0%	217	66.6%	8	2.5%	326	5.0%
MISSOURI TOTAL	3,765	57.6%	2,429	37.2%	247	3.8%	6,531	100.0%
HIV Region								
St. Louis Region	1,682	51.9%	1,432	44.2%	81	2.5%	3,239	49.6%
Kansas City Region	1,270	60.0%	685	32.4%	125	5.9%	2,115	32.4%
Northwest Region	54	91.5%	4	6.8%	1	1.7%	59	0.9%
North Central Region	174	74.7%	46	19.7%	11	4.7%	233	3.6%
Southwest Region	376	88.1%	25	5.9%	18	4.2%	427	6.5%
Southeast Region	108	81.8%	20	15.2%	3	2.3%	132	2.0%
Missouri Correctional Facilities	101	31.0%	217	66.6%	8	2.5%	326	5.0%
MISSOURI TOTAL	3,765	57.6%	2,429	37.2%	247	3.8%	6,531	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Missouri totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race/ethnicity in each area/region.

***Percentage of cases per area/region.

Note: Percentages may not total due to rounding.

Of the 6,531 MSM living with HIV disease at the end of 2010, the largest proportion were diagnosed in St. Louis City (30%), followed by Kansas City (27%) (Table 8). There were differences in the proportion of living HIV disease cases among MSM diagnosed in each geographic area by race/ethnicity. In Outstate Missouri, 84% of persons living with HIV disease attributed to MSM were white. Whereas only 31% of MSM living with HIV disease who were diagnosed in Missouri correctional facilities were white. The differences were likely due to variations in the general population of the geographic areas.

Similar patterns were also seen for the HIV regions. The St. Louis HIV region represented 50% of all living cases among MSM and the Kansas City HIV region comprised 32%. The proportion of white living cases among MSM was highest in the Northwest HIV region and lowest in Missouri correctional facilities.

Table 9. Newly diagnosed and living HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, Missouri, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
Cases	%	Cases	%	Cases	%	Cases	%	
White	8	88.9%	139	67.1%	3	100.0%	238	63.8%
Black	0	0.0%	58	28.0%	0	0.0%	120	32.2%
Hispanic	1	11.1%	8	3.9%	0	0.0%	12	3.2%
Other/Unknown	0	0.0%	2	1.0%	0	0.0%	3	0.8%
MISSOURI TOTAL***	9	100.0%	207	100.0%	3	100.0%	373	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
***Totals include persons diagnosed in Missouri correctional facilities.
Note: Percentages may not total due to rounding.

Table 10. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by current age group, Missouri, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	7	1.9%	1	0.6%	2	10.0%	10	1.7%
25-44	122	32.4%	57	32.0%	10	50.0%	190	32.8%
45-64	237	62.9%	116	65.2%	7	35.0%	364	62.8%
65+	11	2.9%	4	2.2%	1	5.0%	16	2.8%
MISSOURI TOTAL	377	100.0%	178	100.0%	20	100.0%	580	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Totals include persons diagnosed in Missouri correctional facilities.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

There were a total of 12 new HIV disease diagnoses attributed to men who have sex with men and inject drugs (MSM/IDU) in 2010 (Table 9). The small number of new cases diagnosed among MSM/IDU make patterns by race/ethnicity and sex difficult to interpret. Although based on a small number of cases, 25% of newly diagnosed cases progressed to AIDS by the end of 2010. Whites represented the majority (89%) of new HIV cases among MSM/IDU. Among living HIV and AIDS cases, whites represented the largest proportion of cases, 67% and 64%, respectively.

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM/IDU (Table 10). Among white and black MSM/IDU living with HIV disease, the majority, 63% and 65%, were between 45-64 years of age at the end of 2010. In contrast, only 35% of living Hispanic MSM/IDU with HIV disease were between 45-64 years of age. The greatest proportion of Hispanic MSM/IDU living with HIV disease were between 25-44 years of age at the end of 2010.

Table 11. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by geographic area, by HIV region, Missouri, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	42	40.8%	58	56.3%	2	1.9%	103	17.8%
St. Louis County	29	60.4%	19	39.6%	0	0.0%	48	8.3%
Kansas City	107	65.6%	40	24.5%	12	7.4%	163	28.1%
Outstate	164	90.1%	12	6.6%	6	3.3%	182	31.4%
Missouri Correctional Facilities	35	41.7%	49	58.3%	0	0.0%	84	14.5%
MISSOURI TOTAL	377	65.0%	178	30.7%	20	3.4%	580	100.0%
HIV Region								
St. Louis Region	81	49.7%	78	47.9%	3	1.8%	163	28.1%
Kansas City Region	143	71.1%	42	20.9%	12	6.0%	201	34.7%
Northwest Region	10	90.9%	0	0.0%	1	9.1%	11	1.9%
North Central Region	22	84.6%	2	7.7%	2	7.7%	26	4.5%
Southwest Region	67	91.8%	4	5.5%	2	2.7%	73	12.6%
Southeast Region	19	86.4%	3	13.6%	0	0.0%	22	3.8%
Missouri Correctional Facilities	35	41.7%	49	58.3%	0	0.0%	84	14.5%
MISSOURI TOTAL	377	65.0%	178	30.7%	20	3.4%	580	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Missouri totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race/ethnicity in each area/region.

***Percentage of cases per area/region.

Note: Percentages may not total due to rounding.

Of the 580 MSM/IDU living with HIV disease at the end of 2010, the largest proportion was diagnosed in Outstate Missouri (31%), followed by Kansas City (28%) (Table 11). There were differences in the proportion of living HIV disease cases among MSM/IDU diagnosed in each geographic area by race/ethnicity. In Outstate Missouri, 90% of living cases attributed to MSM/IDU were white. Whereas only 41% of living cases diagnosed in St. Louis City among MSM/IDU were white.

The Kansas City HIV region represented 35% of all living cases among MSM/IDU, and the St. Louis HIV region comprised 28%. The proportion of white living cases among MSM/IDU was highest in the Southwest HIV region (92%) and lowest in Missouri correctional facilities (42%).

Table 12. Newly diagnosed and living HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, Missouri, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	2	13.3%	81	32.4%	1	25.0%	104	26.1%
Black Male	5	33.3%	70	28.0%	2	50.0%	144	36.2%
Hispanic Male	0	0.0%	4	1.6%	0	0.0%	12	3.0%
White Female	4	26.7%	55	22.0%	1	25.0%	56	14.1%
Black Female	4	26.7%	35	14.0%	0	0.0%	70	17.6%
Hispanic Female	0	0.0%	1	0.4%	0	0.0%	8	2.0%
MISSOURI TOTAL***	15	100.0%	250	100.0%	4	100.0%	398	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
***Totals include cases in persons whose race/ethnicity is either unknown or not listed. Totals include persons diagnosed in Missouri correctional facilities.
Note: Percentages may not total due to rounding.

Table 13. Living HIV disease cases in injecting drug users, by selected race/ethnicity and sex, by current age group, Missouri, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	1	0.5%	0	0.0%	6	5.4%	0	0.0%	8	1.2%
25-44	62	33.5%	53	24.8%	46	41.4%	41	39.0%	213	32.9%
45-64	116	62.7%	153	71.5%	59	53.2%	61	58.1%	407	62.8%
65+	6	3.2%	8	3.7%	0	0.0%	3	2.9%	20	3.1%
MISSOURI TOTAL	185	100.0%	214	100.0%	111	100.0%	105	100.0%	648	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Totals include persons diagnosed in Missouri correctional facilities.
**Percentage of cases per age group.
Note: Percentages may not total due to rounding.

There were a total of 19 new HIV disease diagnoses attributed to persons who inject drugs (IDU) in 2010 (Table 12). The small number of new cases diagnosed among IDU make patterns by race/ethnicity and sex difficult to interpret. Of the newly diagnosed cases among IDU, 21% progressed to AIDS by the end of 2010. Males represented approximately 65% of all living HIV disease cases among IDU. There were not significant differences in the proportion of living cases among IDU attributed to males between individuals classified as HIV cases versus AIDS cases. There were differences in the distribution of living cases by race/ethnicity and sex among IDU between those classified as HIV cases compared to those classified as AIDS cases. Among living IDU HIV cases, white males represented the largest proportion of cases (32%). In comparison, black males represented the largest proportion (36%) of living AIDS cases among IDU.

The greatest numbers of persons living with HIV disease in each race/ethnicity and sex category presented among IDU were 45 to 64 years of age at the end of 2010 (Table 13). The proportion of living HIV disease cases between the ages of 25 and 44 was greatest among white females.

Table 14. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by geographic area, by HIV region, Missouri, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	18	13.7%	110	84.0%	2	1.5%	131	20.2%
St. Louis County	21	42.9%	26	53.1%	1	2.0%	49	7.6%
Kansas City	52	33.5%	89	57.4%	12	7.7%	155	23.9%
Outstate	156	79.6%	33	16.8%	6	3.1%	196	30.2%
Missouri Correctional Facilities	49	41.9%	61	52.1%	4	3.4%	117	18.1%
MISSOURI TOTAL	296	45.7%	319	49.2%	25	3.9%	648	100.0%
HIV Region								
St. Louis Region	67	32.2%	136	65.4%	3	1.4%	208	32.1%
Kansas City Region	79	41.6%	94	49.5%	15	7.9%	190	29.3%
Northwest Region	4	57.1%	3	42.9%	0	0.0%	7	1.1%
North Central Region	21	70.0%	9	30.0%	0	0.0%	30	4.6%
Southwest Region	62	82.7%	9	12.0%	3	4.0%	75	11.6%
Southeast Region	14	66.7%	7	33.3%	0	0.0%	21	3.2%
Missouri Correctional Facilities	49	41.9%	61	52.1%	4	3.4%	117	18.1%
MISSOURI TOTAL	296	45.7%	319	49.2%	25	3.9%	648	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Missouri totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race/ethnicity in each area/region.

***Percentage of cases per area/region.

Note: Percentages may not total due to rounding.

Of the 648 IDU living with HIV disease at the end of 2010, the largest proportion was diagnosed in Outstate Missouri (30%), followed by Kansas City (24%) (Table 14). There were differences in the proportion of living HIV disease cases among IDU diagnosed in each geographic area by race/ethnicity. In Outstate Missouri, 80% of living cases attributed to IDU were white. Whereas only 14% of living cases diagnosed in St. Louis City among IDU were white. The differences are likely due to variations in the general population of the geographic areas. Blacks represented a larger proportion of living HIV disease cases among IDU (49%) compared to MSM (37%) and MSM/IDU (31%).

The St. Louis HIV region represented 32% of all living cases among IDU, and the Kansas City HIV region comprised 29%. The proportion of white living cases among IDU was highest in the Southwest HIV region (83%) and lowest in the St. Louis HIV region (32%).

Table 15. Newly diagnosed and living HIV and AIDS cases in heterosexual contacts, by selected race/ethnicity and sex, Missouri, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
Cases	%	Cases	%	Cases	%	Cases	%	
White Male	1	2.8%	56	8.1%	0	0.0%	52	6.5%
Black Male	3	8.3%	108	15.5%	0	0.0%	148	18.5%
Hispanic Male	1	2.8%	2	0.3%	0	0.0%	9	1.1%
White Female	10	27.8%	190	27.3%	0	0.0%	190	23.8%
Black Female	16	44.4%	306	44.0%	4	66.7%	371	46.4%
Hispanic Female	2	5.6%	19	2.7%	2	33.3%	16	2.0%
MISSOURI TOTAL***	36	100.0%	695	100.0%	6	100.0%	799	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

***Total includes cases in persons whose race/ethnicity is either unknown or not listed. Totals include persons diagnosed in Missouri correctional facilities.

Note: Percentages may not total due to rounding.

Table 16. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity and sex, by current age group, Missouri, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	3	0.4%	3	0.2%
19-24	0	0.0%	7	2.7%	5	1.3%	20	3.0%	34	2.3%
25-44	27	25.0%	123	48.0%	194	51.1%	426	62.9%	812	54.4%
45-64	67	62.0%	113	44.1%	164	43.2%	217	32.1%	587	39.3%
65+	14	13.0%	13	5.1%	17	4.5%	11	1.6%	58	3.9%
MISSOURI TOTAL	108	100.0%	256	100.0%	380	100.0%	677	100.0%	1,494	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Totals include persons diagnosed in Missouri correctional facilities.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

There were a total of 42 new HIV disease diagnoses attributed to heterosexual contact in 2010 (Table 15).

Black females represented the largest number of new HIV disease diagnoses among heterosexuals. The small number of newly diagnosed cases make patterns by race/ethnicity and sex difficult to interpret. Although based on a small number of cases, 14% of newly diagnosed cases progressed to AIDS by the end of 2010. Females represented 76% of living HIV cases and 73% of living AIDS cases among heterosexual contact cases. The distribution by race/ethnicity and sex among living heterosexual contact cases was similar between those classified as HIV cases and AIDS cases.

For all race/ethnicity and sex categories among heterosexual contact cases, except white males, the greatest proportion of living cases was between 25-44 years of age (Table 16). This was different than the distributions observed among the other exposure categories, where the majority of individuals were currently between 45-64 years of age. The difference was likely related to the fact that heterosexual contact cases were diagnosed more recently, on average, compared to persons in other exposure categories, and that persons who attributed their infection to heterosexual contact were generally younger at the time of diagnosis than persons in other exposure categories.

Table 17. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity, by geographic area, by HIV region, Missouri, 2010

Geographic Area	<u>White</u>		<u>Black</u>		<u>Hispanic</u>		<u>Total*</u>	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	69	14.5%	392	82.4%	11	2.3%	476	31.9%
St. Louis County	64	23.5%	195	71.7%	7	2.6%	272	18.2%
Kansas City	57	25.8%	147	66.5%	11	5.0%	221	14.8%
Outstate	277	66.7%	112	27.0%	16	3.9%	415	27.8%
Missouri Correctional Facilities	21	19.1%	87	79.1%	1	0.9%	110	7.4%
MISSOURI TOTAL	488	32.7%	933	62.4%	46	3.1%	1,494	100.0%
HIV Region								
St. Louis Region	175	21.7%	598	74.3%	20	2.5%	805	53.9%
Kansas City Region	102	36.0%	158	55.8%	16	5.7%	283	18.9%
Northwest Region	8	66.7%	4	33.3%	0	0.0%	12	0.8%
North Central Region	53	61.6%	26	30.2%	3	3.5%	86	5.8%
Southwest Region	92	73.0%	26	20.6%	5	4.0%	126	8.4%
Southeast Region	37	51.4%	34	47.2%	1	1.4%	72	4.8%
Missouri Correctional Facilities	21	19.1%	87	79.1%	1	0.9%	110	7.4%
MISSOURI TOTAL	488	32.7%	933	62.4%	46	3.1%	1,494	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed. Missouri totals include persons diagnosed in Missouri correctional facilities.

**Percentage of race in each area/region.

***Percentage of cases per area/region.

Note: Percentages may not total due to rounding.

Of the 1,494 living cases among heterosexual contacts at the end of 2010, the largest proportion was diagnosed in St. Louis City (32%); the next highest was Outstate Missouri (28%) (Table 17). There were differences in the proportion of living HIV disease cases among heterosexuals diagnosed in each geographic area by race/ethnicity. In Outstate, 67% of living cases attributed to heterosexual contact were white. Whereas only 15% of living cases diagnosed in St. Louis City among heterosexual contact cases were white. The differences are likely due to variations in the general population of the geographic areas. Blacks represented a larger proportion of living HIV disease cases among heterosexual contact cases (62%) compared to all other exposure categories, primarily due to the large number of black females reporting heterosexual contact as their primary mode of exposure.

The St. Louis HIV region represented 54% of all living cases among heterosexuals, and the Kansas City HIV region comprised 19%. The proportion of white living cases among heterosexuals was highest in the Southwest HIV region (73%) and lowest in Missouri correctional facilities (19%).

**Table 18. Deaths* among HIV cases, by mode of transmission, by selected race and sex,
Missouri, 1982—2010**

Mode of Transmission	White Males		Black Males		White Females		Black Females		Total**	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
MSM	157	61.8%	93	52.2%	0	0.0%	0	0.0%	253	48.2%
MSM/IDU	37	14.6%	12	6.7%	0	0.0%	0	0.0%	52	9.9%
IDU	23	9.1%	28	15.7%	6	20.0%	15	31.9%	75	14.3%
Heterosexual Contact	3	1.2%	17	9.6%	14	46.7%	24	51.1%	59	11.2%
No Indicated Risk (NIR)	27	10.6%	27	15.2%	10	33.3%	7	14.9%	77	14.7%
MISSOURI TOTAL***	254	100.0%	178	100.0%	30	100.0%	47	100.0%	525	100.0%

*May or may not be due to HIV-related illnesses.
**Totals include cases in persons whose race/ethnicity is either unknown or not listed.
***Total (numbers and percentages) include 9 cases (1.7%) with a mode of transmission not indicated on the table, such as hemophilia/coagulation disorder, blood transfusion or tissue recipient, etc. Totals include persons diagnosed in Missouri correctional facilities.
Note: Percentages may not total due to rounding.

**Table 19. Deaths* among AIDS cases, by mode of transmission, by selected race and sex,
Missouri, 1982—2010**

Mode of Transmission	White Males		Black Males		White Females		Black Females		Total**	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
MSM	3,133	78.3%	1,191	69.2%	0	0.0%	0	0.0%	4,439	68.0%
MSM/IDU	394	9.8%	189	11.0%	0	0.0%	0	0.0%	596	9.1%
IDU	162	4.0%	159	9.2%	73	28.7%	96	26.2%	511	7.8%
Heterosexual Contact	62	1.5%	76	4.4%	130	51.2%	225	61.5%	502	7.7%
No Indicated Risk (NIR)	103	2.6%	85	4.9%	24	9.4%	24	6.6%	253	3.9%
MISSOURI TOTAL***	4,003	100.0%	1,722	100.0%	254	100.0%	366	100.0%	6,525	100.0%

*May or may not be due to AIDS-related illnesses.
**Totals include cases in persons whose race/ethnicity is either unknown or not listed.
***Total (numbers and percentages) include 224 cases (3.4%) with a mode of transmission not indicated on the table, such as hemophilia/coagulation disorder, blood transfusion or tissue recipient, etc. Totals include persons diagnosed in Missouri correctional facilities.
Note: Percentages may not total due to rounding.

The number of deaths that have occurred among persons still classified as HIV cases at the time of death was small (525) in comparison to the number of deaths among persons classified as AIDS (6,525) (Tables 18 and 19). The greatest proportion of deaths among HIV cases have occurred among white males (48%) (Table 18). There were differences in the distribution of deaths among HIV cases by mode of transmission among the race/ethnicity and sex categories. Among males, the majority of deaths among HIV cases have been attributed to MSM. Among female HIV cases, the largest number of deaths occurred among cases attributed to heterosexual contact. Similar patterns were observed for deaths among male AIDS cases (Table 19). Among both white and black female AIDS cases, cases attributed to heterosexual contact represented the majority of deaths. The proportion of deaths among those with no indicated risk among AIDS cases was smaller than among HIV cases, likely because there was more time to obtain exposure category information.

Table 20. Newly diagnosed and living HIV and AIDS cases with exposure category assignments for Missouri, 2010

Exposure category	HIV cases				AIDS cases			
	2010*		Living		2010**		Living	
Adult/Adolescent								
Men who have sex with men	336	75.2%	3,485	69.4%	102	75.6%	3,856	67.0%
Men who have sex with men and inject drugs	11	2.5%	238	4.7%	4	3.0%	406	7.1%
Injecting drug use	26	5.8%	310	6.2%	7	5.2%	462	8.0%
Heterosexual contact	74	16.6%	970	19.3%	22	16.3%	981	17.1%
Hemophilia/coagulation disorder	0	0.0%	12	0.2%	0	0.0%	38	0.7%
Blood transfusion or tissue recipient	0	0.0%	3	0.1%	0	0.0%	8	0.1%
No indicated risk (NIR)	----	-----	----	-----	----	-----	----	-----
ADULT/ADOLESCENT SUBTOTAL	447	100.0%	5,020	† 100.0%	135	100.0%	5,752	† 100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	3	100.0%	61	100.0%	0	0.0%	29	100.0%
TOTAL	450		5,081		135		5,781	

*HIV cases reported during 2010 which remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes 2 cases with a confirmed "other" exposure category among persons living with HIV and 1 case among persons living with AIDS.

Note: Percentages may not total due to rounding.

The data in Table 20 have been adjusted to proportionately re-distribute individuals with no indicated risk factor based on sex and race/ethnicity to known exposure categories. These data do not reflect the true counts of persons reported in each exposure category. Among both new and living HIV and AIDS cases, MSM represented the greatest proportion of cases. The proportion of MSM cases was greater for new HIV and AIDS cases compared to the proportion among their respective living cases. This may indicate changes in how individuals are being infected over time. However, the observed pattern may also be related to the method used to re-distribute those with unknown risks. The method used to re-distribute new cases may weight those with no indicated risk more heavily to the MSM category. There were three new HIV cases diagnosed among children less than 13 years of age in 2010.

The majority of HIV disease cases diagnosed in 2010 (94%) and those living with HIV disease (93%) were residents of a metropolitan area at the time of diagnosis (Table 21). For a list of counties that were classified as a metropolitan area refer to the Appendix. There were differences in the proportion of new and living HIV disease cases by sex based on the population of the area of residence. The proportion of males living with HIV disease decreased as the population of the area of residence decreased. Whereas 83% of living HIV disease cases in metropolitan areas occurred among males, only 72% of living cases in nonmetropolitan areas were among males. There were differences in the distribution of new and living HIV disease cases by race/ethnicity based on the population of the area of residence. For both new and living HIV disease cases, as the population of the area of residence became smaller, the proportion of cases that occurred among whites increased. For example, only 39% of new HIV disease diagnoses were among whites in metropolitan areas. But in nonmetropolitan areas whites comprised 77% of new diagnoses. There were also differences based on the population of area of residence in the distribution of new and living HIV disease cases by exposure category. As the population of the area of residence decreased, the proportion of cases attributed to MSM decreased. Among those living with HIV disease, the proportion of cases diagnosed between 25-44 years of age decreased as the population of the area of residence decreased. The proportion of living cases diagnosed between 45-64 years of age increased as the population of the area of residence decreased.

Table 21. Newly diagnosed and living HIV disease* cases, by population of area of residence at time of diagnosis, by sex, by race/ethnicity, by exposure category and age at diagnosis, Missouri, 2010[†]

	Newly Diagnosed			Metropolitan Area**			Nonmetropolitan Area***			Metropolitan Area**			Micropolitan Area***			Living Area****		
	Sex	Metropolitan Area** Cases	Metropolitan Area** %	Micropolitan Area*** Cases	Micropolitan Area*** %	Nonmetropolitan Area*** Cases	Nonmetropolitan Area*** %	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	
Sex																		
Male	433	81.4%	15	71.4%	9	69.2%	7,850	83.2%	284	75.7%	234	71.8%						
Female	99	18.6%	6	28.6%	4	30.8%	1,582	16.8%	91	24.3%	92	28.2%						
Total	532	100.0%	21	100.0%	13	100.0%	9,432	100.0%	375	100.0%	326	100.0%						
Race/Ethnicity																		
White	205	38.5%	17	81.0%	10	76.9%	4,723	50.1%	279	74.4%	252	77.3%						
Black	284	53.4%	4	19.0%	2	15.4%	4,184	44.4%	80	21.3%	58	17.8%						
Hispanic	26	4.9%	0	0.0%	1	7.7%	377	4.0%	13	3.5%	14	4.3%						
Other/Unknown	17	3.2%	0	0.0%	0	0.0%	148	1.6%	3	0.8%	2	0.6%						
Total	532	100.0%	21	100.0%	13	100.0%	9,432	100.0%	375	100.0%	326	100.0%						
Exposure Category																		
Men who have sex with men	316	59.4%	9	42.9%	4	30.8%	5,894	62.5%	171	45.6%	140	42.9%						
Men who have sex with men and inject drugs	10	1.9%	1	4.8%	0	0.0%	447	4.7%	31	8.3%	18	5.5%						
Injecting drug use	13	2.4%	3	14.3%	0	0.0%	472	5.0%	31	8.3%	28	8.6%						
Heterosexual contact	37	7.0%	2	9.5%	2	15.4%	1,226	13.0%	77	20.5%	81	24.8%						
No Indicated Risk (NIR)	153	28.8%	6	28.6%	7	53.8%	1,269	13.5%	54	14.4%	47	14.4%						
Other	0	0.0%	0	0.0%	0	0.0%	50	0.5%	4	1.1%	5	1.5%						
Pediatric	3	0.6%	0	0.0%	0	0.0%	74	0.8%	7	1.9%	7	2.1%						
Total	532	100.0%	21	100.0%	13	100.0%	9,432	100.0%	375	100.0%	326	100.0%						
Age at Diagnosis																		
<2	1	0.2%	0	0.0%	0	0.0%	46	0.5%	4	1.1%	4	1.2%						
2-12	2	0.4%	0	0.0%	0	0.0%	20	0.2%	2	0.5%	3	0.9%						
13-18	25	4.7%	0	0.0%	0	0.0%	254	2.7%	7	1.9%	9	2.8%						
19-24	130	24.4%	3	14.3%	2	15.4%	1,272	13.5%	41	10.9%	34	10.4%						
25-44	262	49.2%	15	71.4%	4	30.8%	6,337	67.2%	248	66.1%	198	60.7%						
45-64	108	20.3%	3	14.3%	7	53.8%	1,458	15.5%	73	19.5%	74	22.7%						
65+	4	0.8%	0	0.0%	0	0.0%	45	0.5%	0	0.0%	4	1.2%						
Total	532	100.0%	21	100.0%	13	100.0%	9,432	100.0%	375	100.0%	326	100.0%						

*Includes all individuals diagnosed with the HIV virus, regardless of current status (i.e., HIV or AIDS)

†Does not include persons diagnosed in Missouri correctional facilities.

**A metropolitan area contains a core urban area with a population of at least 50,000. It also includes adjacent counties that have a high degree of social and economic integration with the core urban area. Based on 2008 US Census estimates. See Appendix for map of included counties.

***A micropolitan area contains a core urban area with a population between 10,000-49,999. It also includes adjacent counties that have a high degree of social and economic integration with the core urban area. Based on 2008 US Census estimates. See Appendix for map of included counties.

****An area that does not meet the population requirements for the metropolitan or micropolitan area. Based on 2008 US Census estimates. See Appendix for map of included counties.

Figure 10. Length of time between HIV and AIDS diagnosis, by race/ethnicity, Missouri, 2001-2009

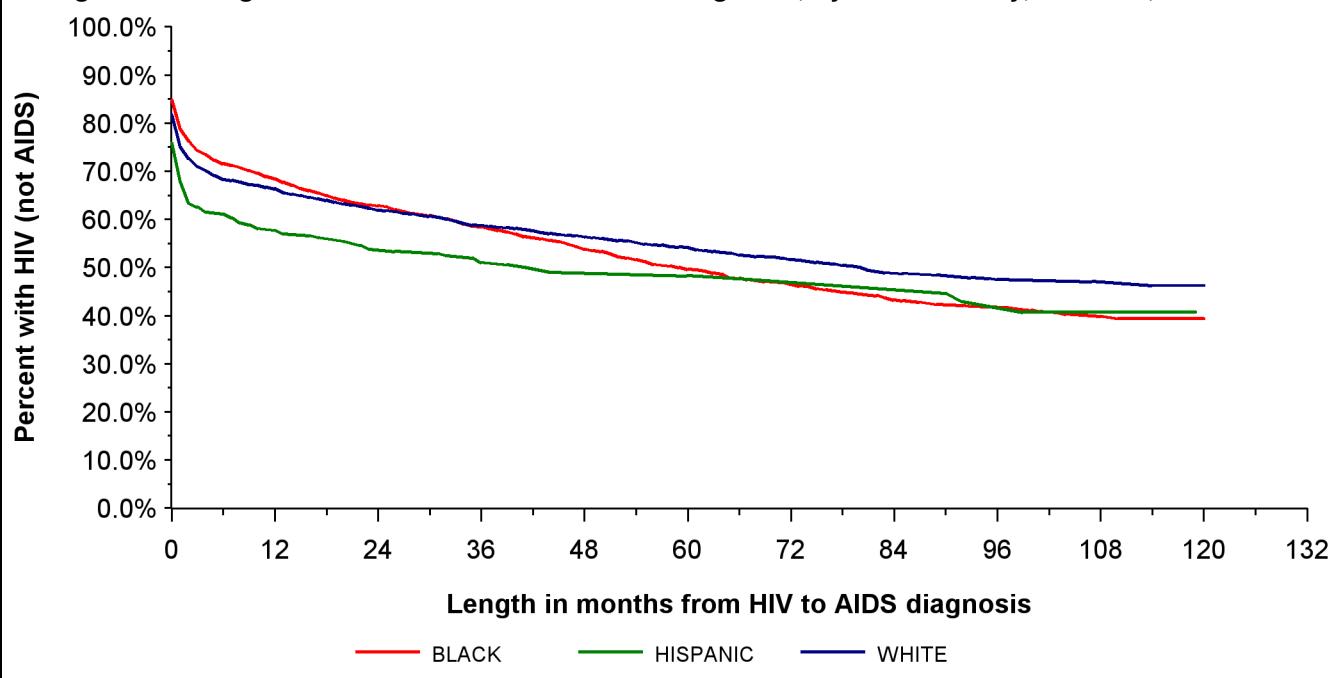
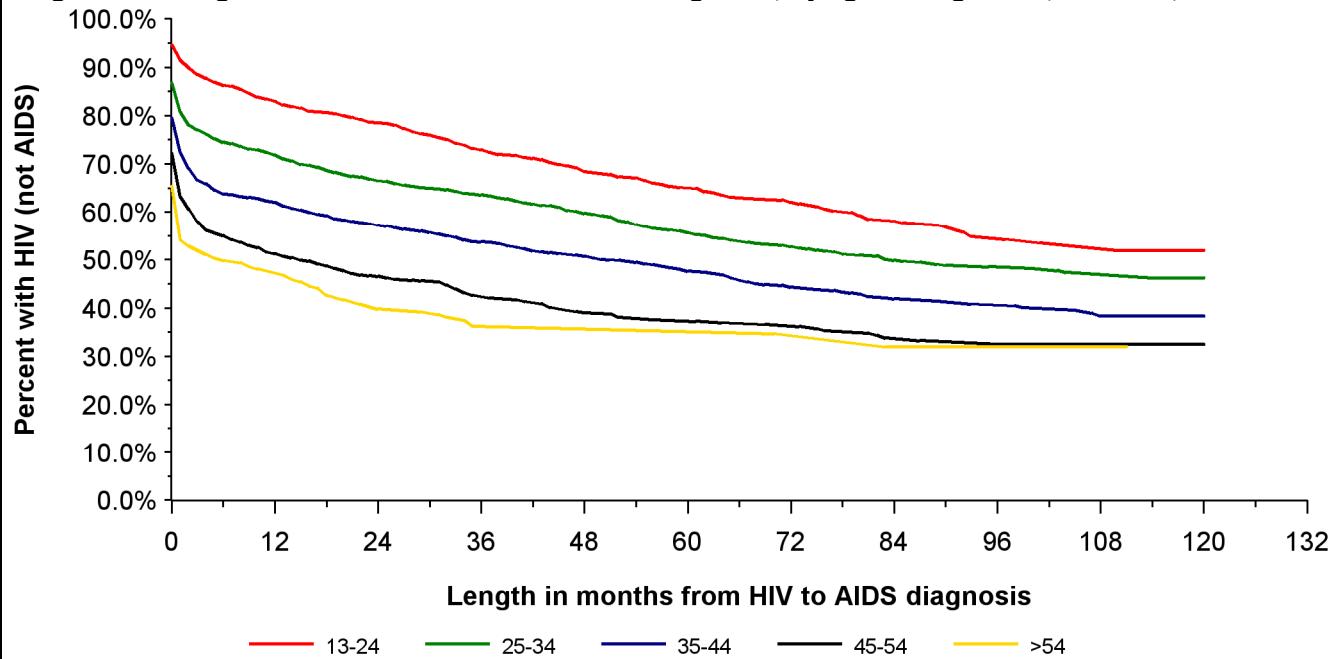


Figure 11. Length of time between HIV and AIDS diagnosis, by age at diagnosis*, Missouri, 2001-2009



*Age at earliest diagnosis of HIV disease, regardless of disease progression.

A greater proportion of Hispanics progressed from HIV to AIDS within 12 months of their HIV diagnosis compared to whites and blacks (Figure 10). Around 84 months after the initial HIV diagnosis, the proportion of cases that progressed to AIDS was similar by race/ethnicity. It is important to note that for all curves displayed, data in the later months should be interpreted with caution as they are based on small numbers.

There were differences in the progression from HIV to AIDS by the age at HIV diagnosis (Figure 11). Over time, the proportion of cases that progressed to AIDS remained higher as the age at initial HIV diagnosis increased.

Figure 12. Length of time between HIV and AIDS diagnosis, by mode of transmission, Missouri, 2001-2009

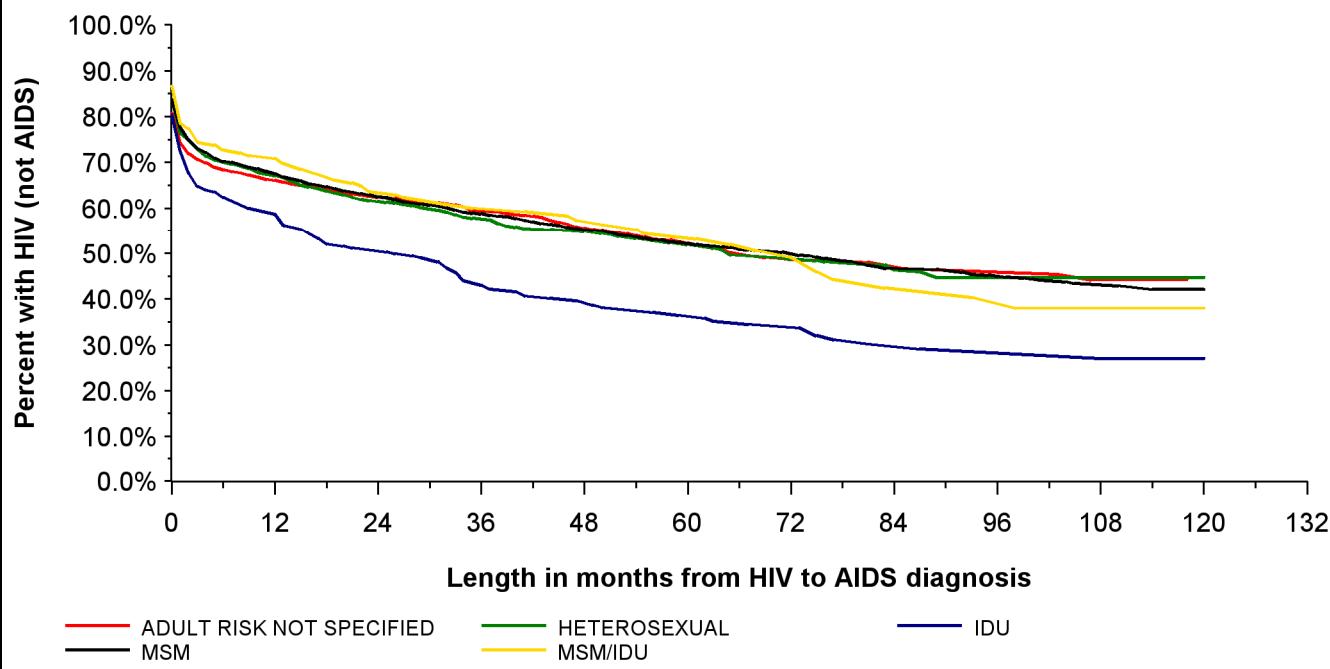
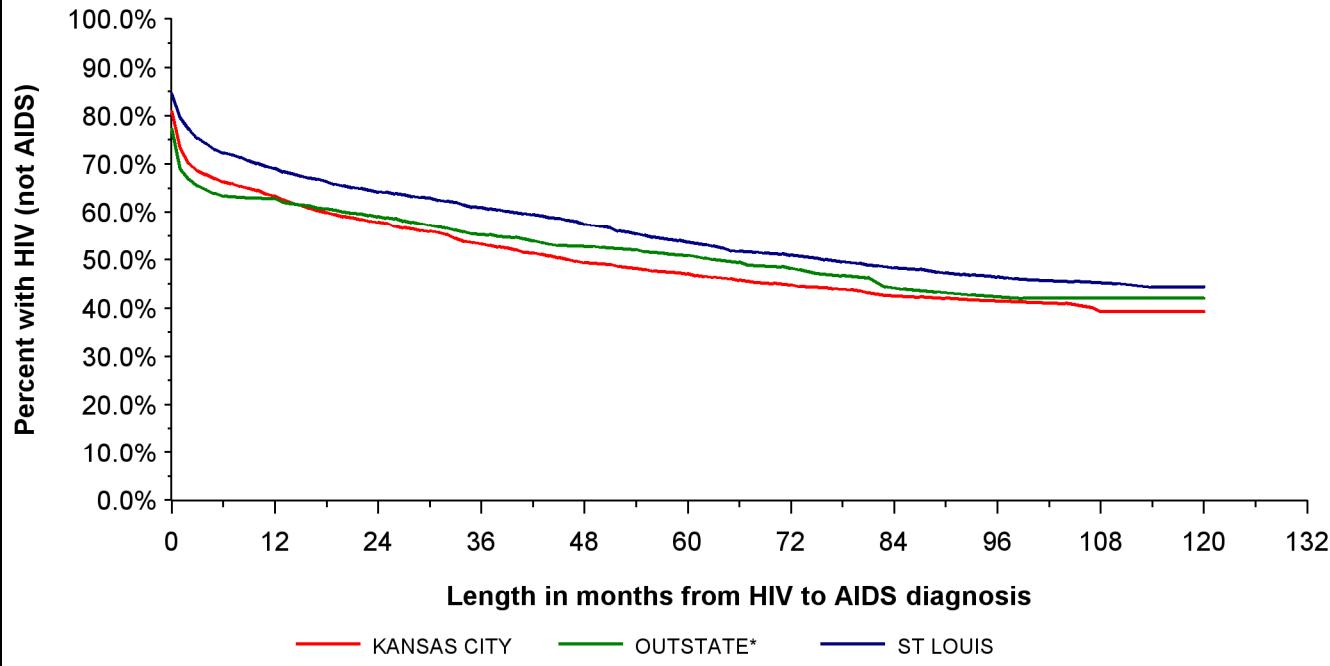


Figure 13. Length of time between HIV and AIDS diagnosis, by HIV region*, Missouri, 2001-2009



*Outstate includes the North Central, Northwest, Southeast, and Southwest HIV regions

A greater proportion of IDU progressed from HIV to AIDS within 12 months of their HIV diagnosis compared to individuals from all other exposure categories (Figure 12). Around 96 months after the initial HIV diagnosis, the proportion of cases that progressed to AIDS remained higher for IDU compared with other exposure categories.

There were differences in the progression from HIV to AIDS by HIV region (Figure 13). The proportion of individuals that progressed to AIDS over time was greater for the Kansas City HIV region and all Outstate HIV regions combined compared to the St. Louis HIV region. Differences observed among the regions may be attributed in part to differences in the routine monitoring and reporting of CD4 counts and other active surveillance techniques.

Figure 14. Length of time between HIV diagnosis and death, by race/ethnicity, Missouri, 2001-2009

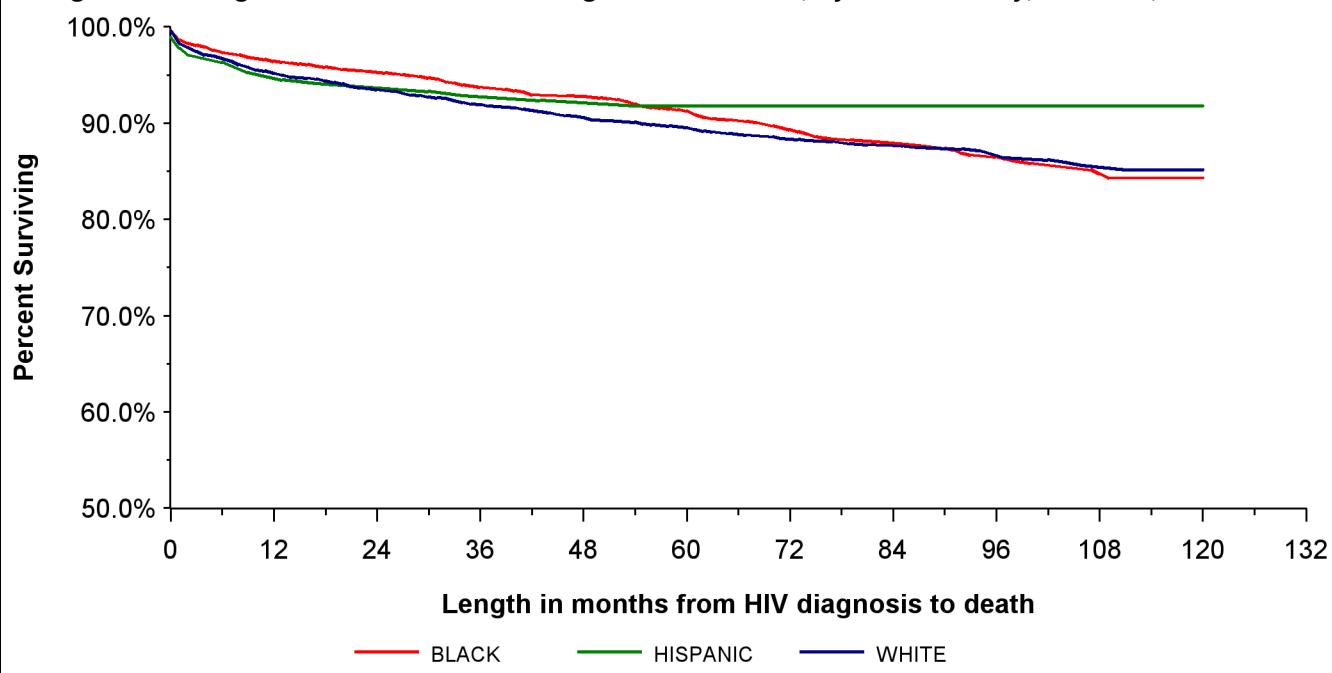
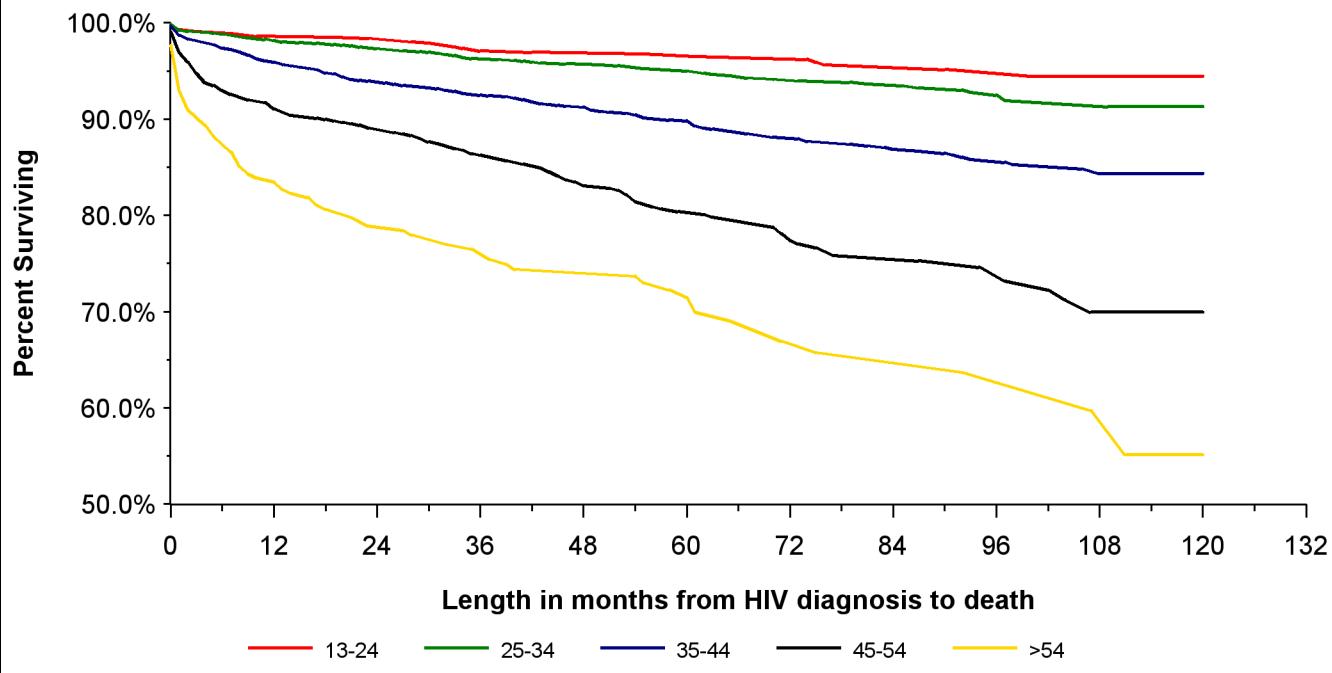


Figure 15. Length of time between HIV diagnosis and death, by age at diagnosis*, Missouri, 2001-2009



*Age at earliest diagnosis of HIV disease, regardless of disease progression.

The length of time between the initial HIV diagnosis and reported death was similar by race/ethnicity (Figure 14). Five years following the initial HIV diagnosis 90% of all individuals were still living.

There were differences in the length of time between HIV diagnosis and death by the age at HIV diagnosis (Figure 15). Over time, the proportion of cases that were deceased was higher as the age at initial HIV diagnosis increased. For example, 72 months following the initial diagnosis 97% of individuals diagnosed between 13-24 years of age were still living, compared to only 66% of individuals diagnosed at greater than 54 years of age.

Figure 16. Length of time between HIV diagnosis and death, by mode of transmission, Missouri, 2001-2009

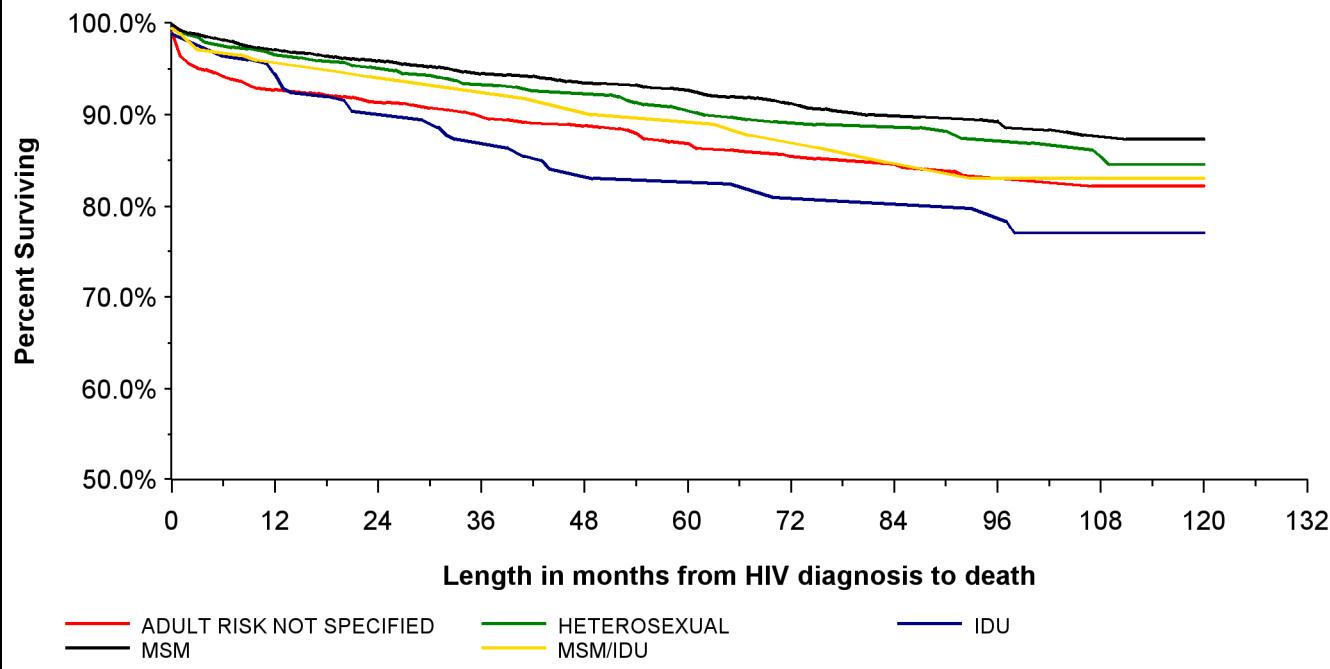
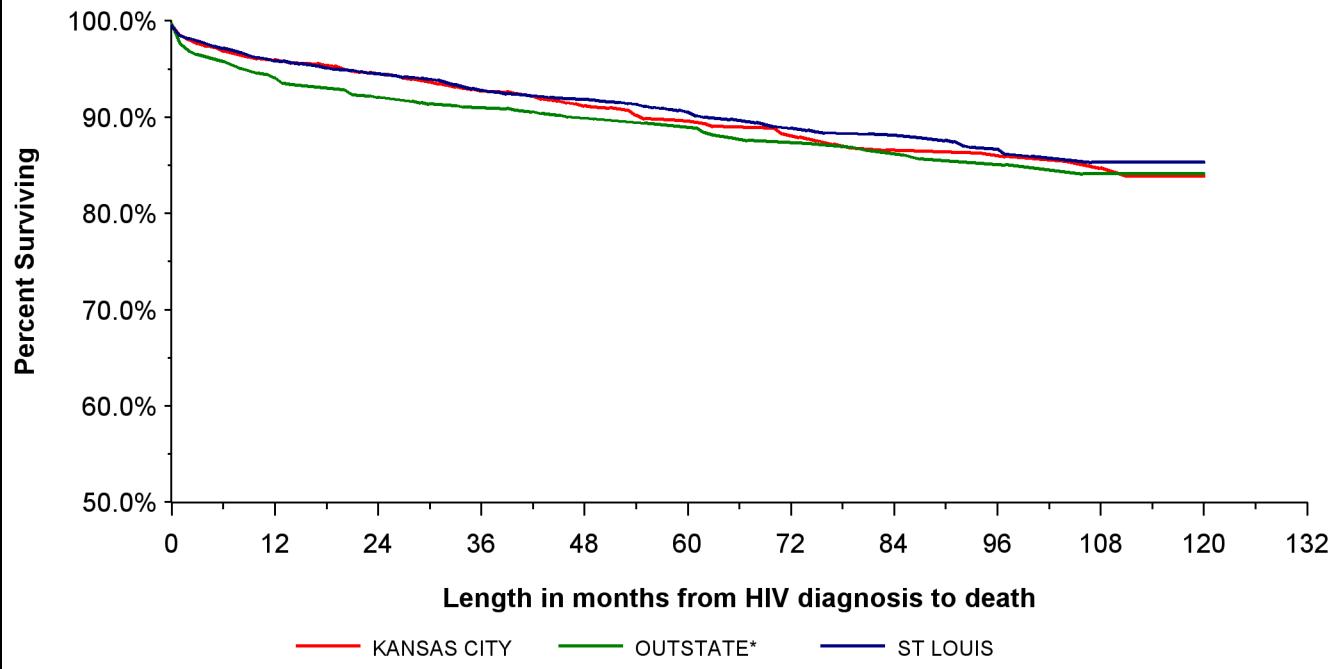


Figure 17. Length of time between HIV diagnosis and death, by HIV region*, Missouri, 2001-2009



*Outstate includes the North Central, Northwest, Southeast, and Southwest HIV regions

A greater proportion of IDU and those with no reported risk were deceased within 24 months of their HIV diagnosis compared to individuals from all other exposure categories (Figure 16). Differences in survival persisted over time.

There were not differences in survival following HIV diagnosis by HIV region (Figure 17). At 24 months following the initial HIV diagnosis, the proportion still living was 95%, 95%, and 92% for the St. Louis HIV region, Kansas City HIV region, and all other Outstate HIV regions combined.

Table 22. Initial CD4 and viral load values[†] among adults and adolescents newly diagnosed with HIV disease, Missouri, 2008-2009

Viral Load (copies/mL)	CD4 Count (cells/µL)												Total
	No Test		<200		200-350		351-500		>500		N	%**	
	N	%*	N	%*	N	%*	N	%*	N	%*	N	%**	
No Test	139	12.7%	17	1.6%	4	0.4%	7	0.6%	9	0.8%	176	16.1%	
0-10,000	96	8.8%	45	4.1%	35	3.2%	40	3.7%	97	8.9%	313	28.6%	
10,001-100,000	88	8.1%	81	7.4%	68	6.2%	50	4.6%	70	6.4%	357	32.7%	
>100,000	32	2.9%	148	13.5%	31	2.8%	19	1.7%	17	1.6%	247	22.6%	
Total	355	32.5%	291	26.6%	138	12.6%	116	10.6%	193	17.7%	1093	100.0%	

[†]Within 12 months of the initial HIV diagnosis
* % of table total
**% of column total

Of persons newly diagnosed with HIV disease between 2008 and 2009, 13% did not have a CD4 or a viral load laboratory result reported to MDHSS within 12 months of diagnosis (Table 22). Nearly 27% of persons diagnosed between 2008 and 2009 had an initial CD4 count of less than 200 cells/µL. This indicates that a sizable proportion of individuals were being diagnosed at a later stage of disease progression, and likely were unaware of their infection for at least several years. This suggests greater emphasis is needed to establish routine HIV testing, so individuals are diagnosed within a shorter time period after becoming infected.

Table 23. Percent of adults and adolescents receiving at least one CD4 within 12 months of their HIV diagnosis and the median initial CD4 count, Missouri, 2008-2009

	Number	% with CD4 within 12 months of HIV diagnosis	Median of initial CD4 counts (cells/ µL)
HIV Status			
HIV (not AIDS)	694	53.7%	495
Concurrent HIV and AIDS diagnosis	254	97.2%	59
AIDS >1 month after HIV diagnosis	145	81.4%	170
Sex			
Male	902	66.5%	311
Female	191	72.3%	285
Race/Ethnicity			
White	457	74.4%	341
Black	562	61.6%	271
Hispanic	52	71.2%	226
Other/Unknown	22	68.2%	331
Exposure Category			
MSM	630	68.6%	340
MSM/IDU	39	87.2%	428
IDU	24	79.2%	203
HRH	70	68.6%	248
Other	0	--	--
NIR	330	62.1%	183
Age at HIV Diagnosis			
13-18	52	71.2%	522
19-24	241	57.7%	338
25-44	569	67.3%	324
45-64	217	76.5%	160
65+	14	92.9%	40

The percent of adults and adolescents receiving at least one CD4 within 12 months of their HIV diagnosis and the median initial CD4 count varied by sex, race/ethnicity, exposure category, and age at HIV diagnosis (Table 23). Of adults and adolescents newly diagnosed between 2008 and 2009, a greater proportion of females had a CD4 within 12 months of diagnosis (72%) compared to males (67%). The initial median CD4 count tended to be greater for males (311 cells/ μ L) compared to females (285 cells/ μ L). A greater proportion of whites and Hispanics tended to have a CD4 count within 12 months of diagnosis compared to blacks. Among those with a CD4 count within 12 months of diagnosis, the initial CD4 count tended to be lower among Hispanics (226 cells/ μ L) and blacks (271 cells/ μ L) compared to persons of another race or an unknown race (331 cells/ μ L) and whites (341 cells/ μ L). This suggests that minorities were not getting diagnosed until later in their disease progression compared to whites. Among exposure categories, MSM and heterosexual contact cases had a lower proportion of adults and adolescents receiving an initial CD4 within 12 months of diagnosis compared to persons with other known exposure categories. The initial median CD4 tended to be lower for IDU and persons with no indicated risk compared to all other exposure categories. The median initial CD4 count tended to decrease as the age at HIV diagnosis increased. These data may be beneficial when determining groups that should be targeted for new testing initiatives to identify individuals earlier in their disease progression.

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Key Highlights: What are the indicators of HIV/AIDS infection risk in Missouri?

Primary and Secondary (P&S) Syphilis

- The number of reported P&S syphilis cases decreased from 173 cases in 2009 to 152 cases in 2010. The decrease observed was due to a decline in reported cases in all HIV regions except the St. Louis and Southeast HIV regions.
- The rate of reported cases was highest in St. Louis City (16 per 100,000).
- Blacks were disproportionately impacted, with a case rate 9.8 times greater than whites.

Early Latent Syphilis

- The number of early latent syphilis cases decreased from 2009 (146 cases) to 2010 (133 cases). The decrease was primarily driven by a decrease in reported cases in the Kansas City and Southwest HIV regions.
- The number of reported cases in 2010 was highest in St. Louis City (50).
- Males represented the majority (90%) of reported early latent syphilis cases.
- The case rate was 10.8 times higher among blacks than whites.

Gonorrhea

- The number of reported gonorrhea cases increased from 2009 (6,488) to 2010 (7,159 cases). The number of reported gonorrhea cases was lower in 2010 compared to 2005 in all HIV regions except the Southwest HIV region.
- St. Louis City had the highest rate of reported gonorrhea cases at 475 per 100,000 persons.
- A larger proportion of reported gonorrhea cases was diagnosed between 15 and 19 years of age among black females (38%) compared to white females (25%), black males (23%), and white males (15%).

Chlamydia

- The number of reported chlamydia cases increased from 25,868 in 2009 to 26,049 in 2010. Similar trends were observed for the St. Louis, North Central and Southwest HIV regions. The number of chlamydia cases decreased in the Kansas City, Northwest and Southeast HIV regions.
- St. Louis City had the highest chlamydia rate in 2010 (1,264 per 100,000). Jackson County reported the second highest case rate of chlamydia (780 per 100,000).
- A larger proportion of reported chlamydia cases was diagnosed between 15 and 19 years old among black females (44%), compared to white females (37%), black males (30%), and white males (19%).

Hepatitis B

- The number of reported Hepatitis B cases in Missouri increased by 29 cases from 2009 (422) to 2010 (451).
- St. Louis County had the greatest number of reported Hepatitis B cases with 93 cases.
- Among females, the largest numbers of cases were 20-29 years of age, while among males the largest numbers of cases were 40-49 years old.

Hepatitis C

- The number of reported Hepatitis C cases in Missouri decreased by 426 cases from 2009 (4,841) to 2010 (4,415).
- St. Louis City had the greatest number of reported Hepatitis C cases with 611 cases
- Among both males and females, the largest numbers of cases were 50-59 years of age.

HIV, STD, Hepatitis, and Tuberculosis (TB) disease Co-infections

- There were 317 persons living with HIV who were reported with an STD in 2010.
- Of the 285 early syphilis cases reported in 2010, 42% were among individuals living with HIV. Only 2% of gonorrhea cases and less than 1% of chlamydia cases reported in 2010 were among individuals living with HIV.
- St. Louis residents represented 76% of all living HIV cases reported with early syphilis in 2010, 72% of those with chlamydia, 69% of those with multiple STD co-morbidities, and 53% of those with gonorrhea.
- Although blacks represented only 44% of living HIV disease cases, they represented 68% of individuals diagnosed with an STD co-morbidity.
- Of the 10,862 individuals living with HIV disease, 63 were reported with a hepatitis co-morbidity in 2010.
- Six percent of chronic Hepatitis B cases and 1% of chronic Hepatitis C cases reported in 2010 were among persons living with HIV disease.
- Of the 10,862 individuals living with HIV disease, three were reported with TB disease in 2010.

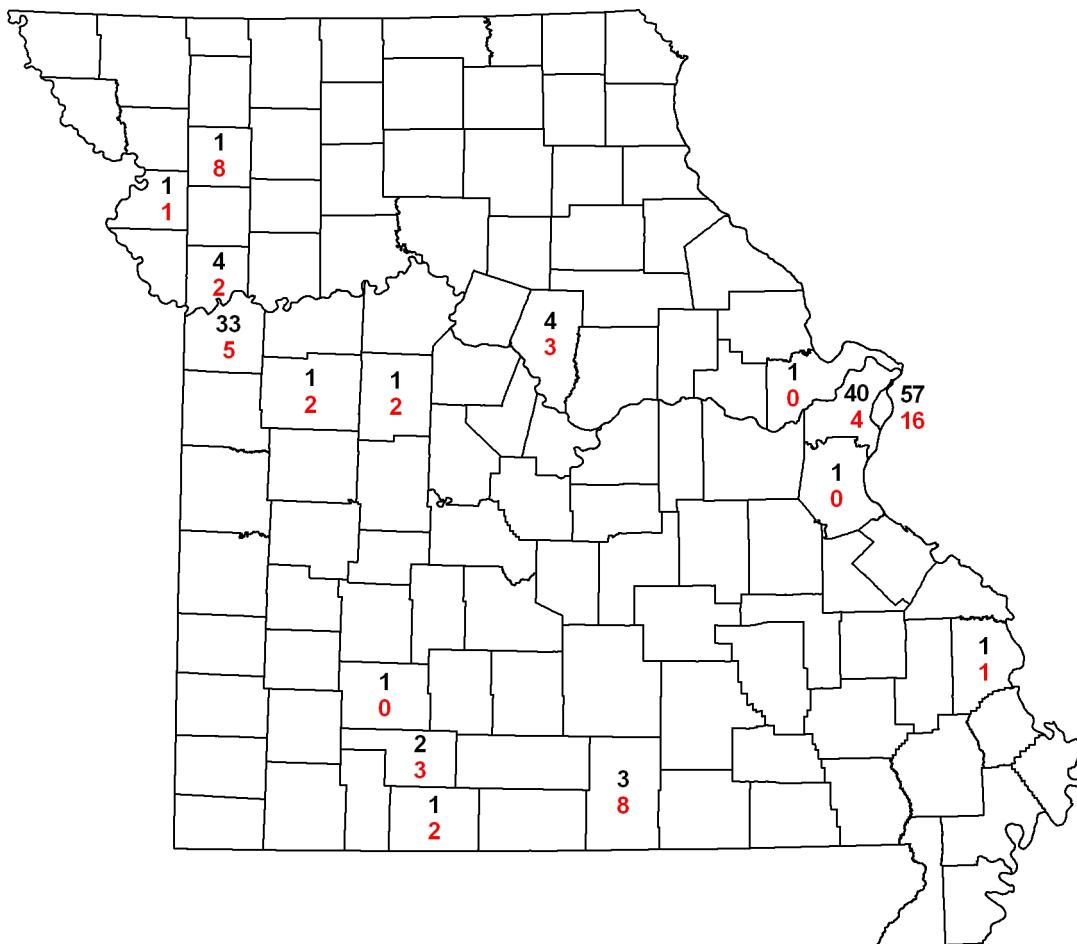
Table 24. Reported P&S syphilis cases and rates, by race*, by geographic region, by sex, Missouri, 2010

	Male			Female			Total	
	Cases	%	Rate**	Cases	%	Rate**	Cases	Rate**
Missouri								
White	57	38.3%	2.4	1	33.3%	0.0	58	1.2
Black	78	52.3%	24.5	2	66.7%	0.6	80	11.8
Other/Unknown*	14	9.4%	--	0	0.0%	--	14	--
Total Cases	149	100.0%	5.1	3	100.0%	0.1	152	2.5
St. Louis Region								
White	26	26.5%	3.4	0	0.0%	0.0	26	1.7
Black	64	65.3%	34.6	1	100.0%	0.5	65	16.0
Other/Unknown*	8	8.2%	--	0	0.0%	--	8	--
Total Cases	98	100.0%	9.6	1	100.0%	0.1	99	4.7
Kansas City Region								
White	20	54.1%	4.2	0	0.0%	0.0	20	2.0
Black	12	32.4%	14.5	1	100.0%	1.0	13	7.3
Other/Unknown*	5	13.5%	--	0	0.0%	--	5	--
Total Cases	37	100.0%	5.9	1	100.0%	0.2	38	2.9
Northwest Region								
White	1	50.0%	0.9	0	--	0.0	1	0.4
Black	0	0.0%	0.0	0	--	0.0	0	0.0
Other/Unknown*	1	50.0%	--	0	--	--	1	--
Total Cases	2	100.0%	1.6	0	--	0.0	2	0.8
North Central Region								
White	3	60.0%	0.9	0	--	0.0	3	0.5
Black	2	40.0%	9.5	0	--	0.0	2	5.2
Other/Unknown*	0	0.0%	--	0	--	--	0	--
Total Cases	5	100.0%	1.4	0	--	0.0	5	0.7
Southwest Region								
White	6	100.0%	1.2	1	100.0%	0.2	7	0.7
Black	0	0.0%	0.0	0	0.0%	0.0	0	0.0
Other/Unknown*	0	0.0%	--	0	0.0%	--	0	--
Total Cases	6	100.0%	1.1	1	100.0%	0.2	7	0.6
Southeast Region								
White	1	100.0%	0.5	0	--	0.0	1	0.2
Black	0	0.0%	0.0	0	--	0.0	0	0.0
Other/Unknown*	0	0.0%	--	0	--	--	0	--
Total Cases	1	100.0%	0.4	0	--	0.0	1	0.2

*Includes cases identified with Hispanic ethnicity.

**Per 100,000 population based on 2009 MDHSS population estimates.

There were a total of 152 primary and secondary (P&S) syphilis cases reported in 2010 (Table 24). This represented a decrease from the 173 P&S syphilis cases reported in 2009. The majority of cases (98%) were reported among males. The rate of P&S syphilis cases among males was highest in the St. Louis HIV region (9.6), followed by the Kansas City HIV region (5.9). Sixty-five percent of all P&S syphilis cases were reported in the St. Louis HIV region and 25% were reported in the Kansas City HIV region. The Southwest HIV region had the third largest number of P&S syphilis cases reported. The rate of reported P&S syphilis cases was higher for blacks compared to whites in all regions that reported P&S syphilis cases among blacks. Between 2009 and 2010, the rate of reported P&S syphilis cases increased from 3.4 to 4.7 in the St. Louis HIV region, and from 0.0 to 0.2 in the Southeast HIV region. In all other HIV regions the rate of reported P&S syphilis cases decreased from 2009 to 2010.

Figure 18. Reported P&S syphilis cases* and rates, by county, Missouri, 2010**

*Case counts are in black.

**Case rates are in red, per 100,000 population based on 2009 MDHSS population estimates.

P&S syphilis cases were concentrated in metropolitan areas (Figure 18). There were 99 counties that did not report any P&S syphilis cases in 2010. St. Louis City had the highest rate of reported P&S syphilis cases at 16 per 100,000 persons. This means that for every 100,000 persons living in St. Louis City, there were 16 reported with P&S syphilis in 2010.

Figure 19. Reported P&S syphilis cases, by race and sex, by age group at diagnosis, Missouri, 2010

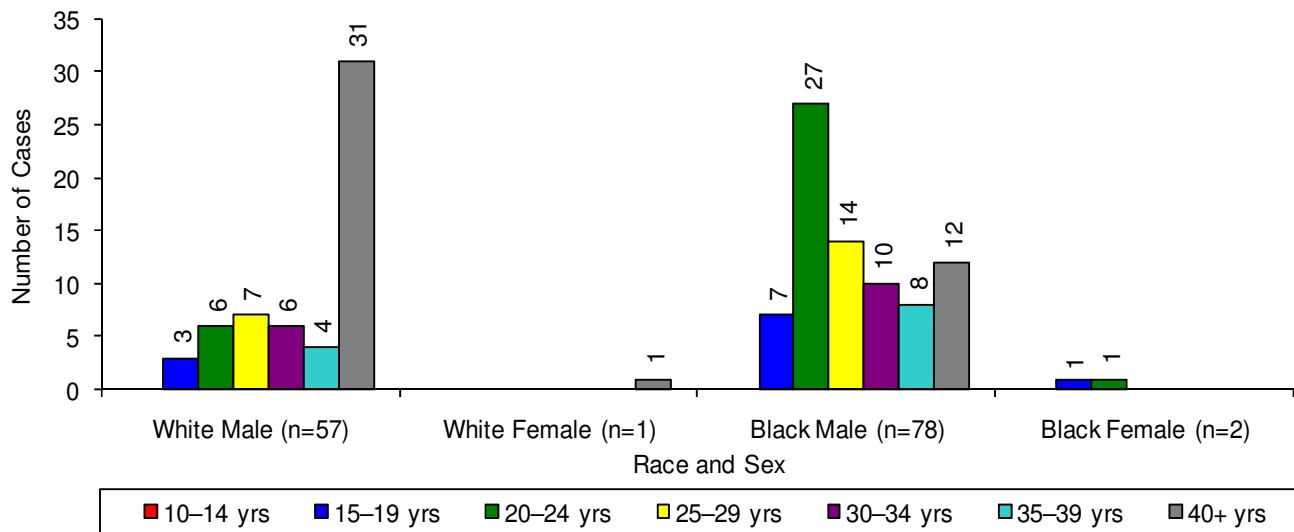
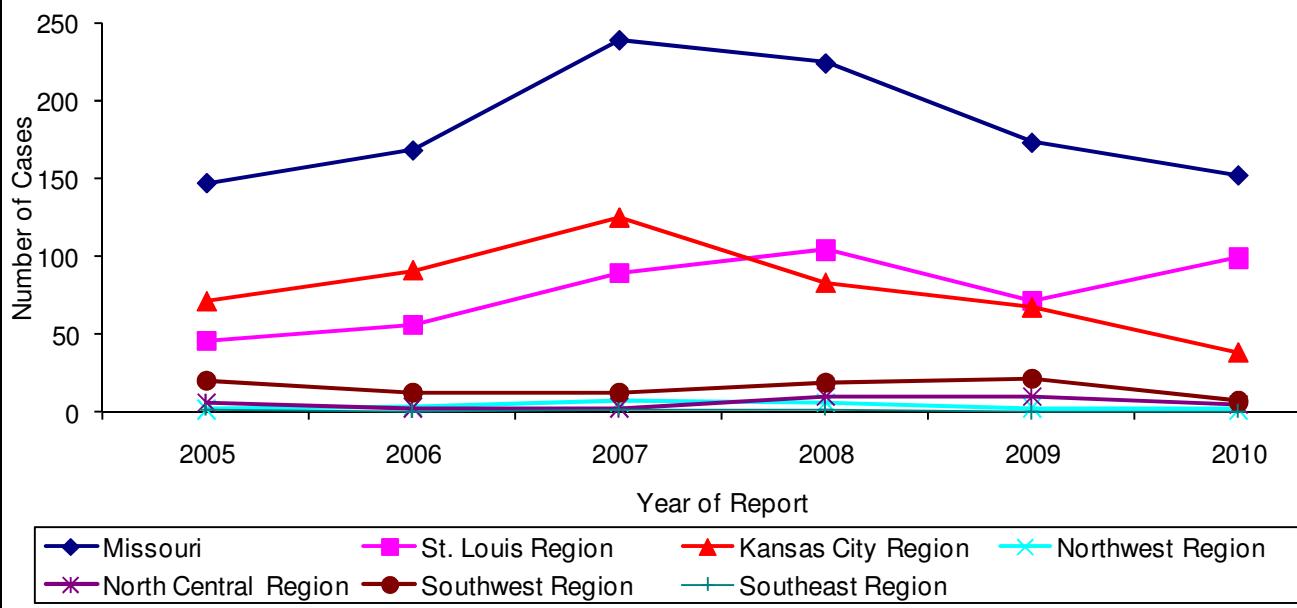


Figure 20. Reported P&S syphilis cases by geographic region and year of report, Missouri, 2005-2010



The largest numbers of P&S syphilis cases were reported among black males (78) and white males (57) (Figure 19). The number of reported cases decreased from 2009 to 2010 among all race/ethnicity and sex categories presented except black males. There were differences in the distribution of reported cases by age at diagnosis among the race/ethnicity and sex categories. Among white males, the largest number of cases was reported among individuals 40 or more years of age at the time of diagnosis. Among black males, cases were greatest among those 20-24 years of age.

The number of reported P&S syphilis cases in Missouri increased from 2005 to 2007 and then decreased through 2010 (Figure 20). The number of reported P&S syphilis cases was higher in 2010 (99) than 2009 (71) in the St. Louis HIV region. One case of P&S syphilis was reported in the Southeast HIV region compared with no reported cases in 2009. The number of reported P&S syphilis cases decreased from 2009 to 2010 in the remaining HIV regions.

Table 25. Reported early latent syphilis cases and rates, by race*, by geographic region, by sex, Missouri, 2010

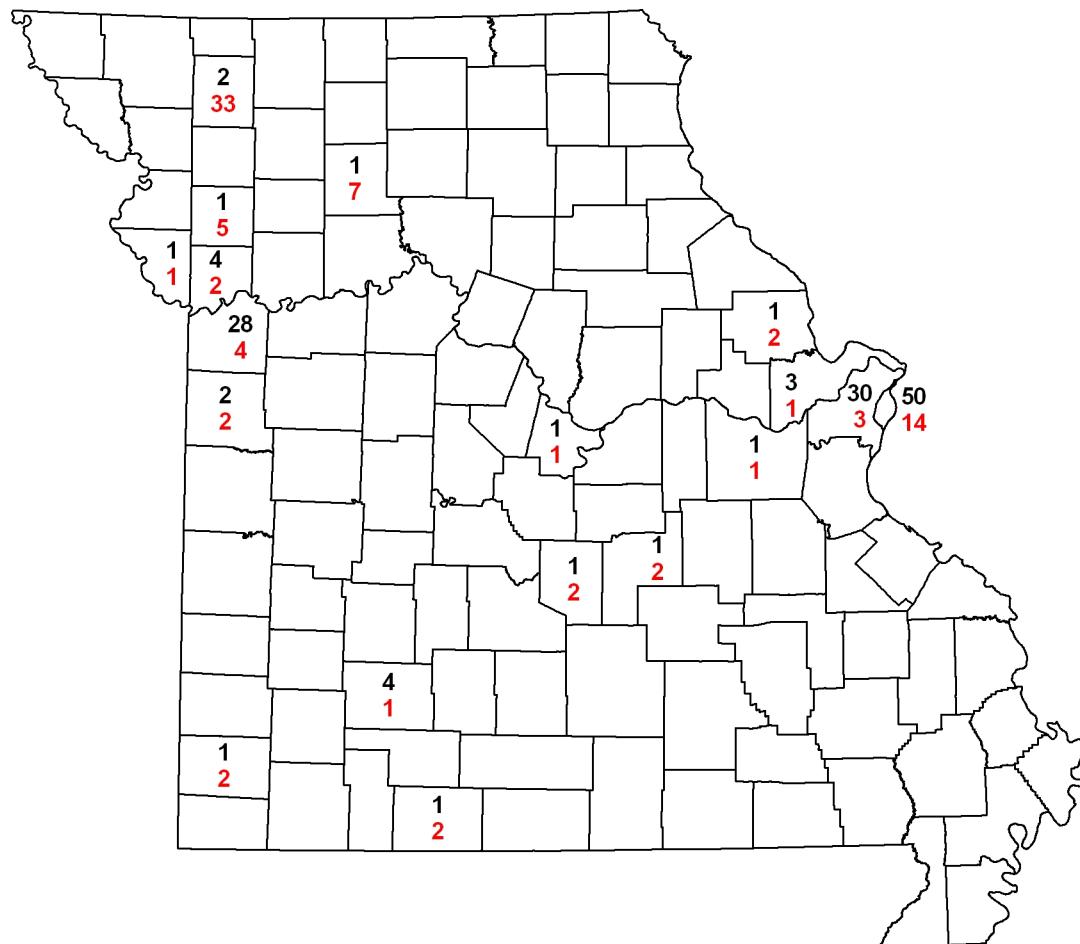
	Male			Female			Total	
	Cases	%	Rate**	Cases	%	Rate**	Cases	Rate**
Missouri								
White	46	38.3%	1.9	3	23.1%	0.1	49	1.0
Black	66	55.0%	20.7	7	53.8%	1.9	73	10.8
Other/Unknown*	8	6.7%	--	3	23.1%	--	11	--
Total Cases	120	100.0%	4.1	13	100.0%	0.4	133	2.2
St. Louis Region								
White	24	30.0%	3.1	0	0.0%	0.0	24	1.5
Black	54	67.5%	29.2	4	80.0%	1.8	58	14.3
Other/Unknown*	2	2.5%	--	1	20.0%	--	3	--
Total Cases	80	100.0%	7.9	5	100.0%	0.5	85	4.0
Kansas City Region								
White	14	48.3%	2.9	1	16.7%	0.2	15	1.5
Black	9	31.0%	10.9	3	50.0%	3.1	12	6.7
Other/Unknown*	6	20.7%	--	2	33.3%	--	8	--
Total Cases	29	100.0%	4.6	6	100.0%	0.9	35	2.7
Northwest Region								
White	3	100.0%	2.7	1	100.0%	0.9	4	1.8
Black	0	0.0%	0.0	0	0.0%	0.0	0	0.0
Other/Unknown*	0	0.0%	--	0	0.0%	--	0	--
Total Cases	3	100.0%	2.5	1	100.0%	0.8	4	1.6
North Central Region								
White	0	0.0%	0.0	0	--	0.0	0	0.0
Black	1	100.0%	4.8	0	--	0.0	1	2.6
Other/Unknown*	0	0.0%	--	0	--	--	0	--
Total Cases	1	100.0%	0.3	0	--	0.0	1	0.1
Southwest Region								
White	5	71.4%	1.0	1	100.0%	0.2	6	0.6
Black	2	28.6%	17.7	0	0.0%	0.0	2	9.9
Other/Unknown*	0	0.0%	--	0	0.0%	--	0	--
Total Cases	7	100.0%	1.3	1	100.0%	0.2	8	0.7
Southeast Region								
White	0	--	0.0	0	--	0.0	0	0.0
Black	0	--	0.0	0	--	0.0	0	0.0
Other/Unknown*	0	--	--	0	--	--	0	--
Total Cases	0	--	0.0	0	--	0.0	0	0.0

*Includes cases identified with Hispanic ethnicity.

**Per 100,000 population based on 2009 MDHSS population estimates.

There were a total of 133 early latent syphilis cases reported in 2010, compared to 146 cases reported in 2009 (Table 25). The majority of cases (90%) were reported among males. Males represented a smaller proportion of the reported cases in the Kansas City HIV region (83%) than in the St. Louis HIV region (94%). The rate of early latent syphilis cases among all cases was highest in the St. Louis HIV region (4.0), followed by the Kansas City HIV region (2.7). Sixty-four percent of all early latent syphilis cases were reported in the St. Louis HIV region and 26% were reported in the Kansas City HIV region. The Southwest HIV region had the third largest number of early latent syphilis cases reported. The rate of reported early latent syphilis cases was higher for blacks compared to whites in all regions that reported cases among blacks.

Figure 21. Reported early latent syphilis cases* and rates, by county, Missouri, 2010**



*Case counts are in black.

**Case rates are in red, per 100,000 population based on 2009 MDHSS population estimates.

Early latent syphilis cases were concentrated in metropolitan areas (Figure 21). There were 97 counties that did not report any early latent syphilis cases in 2010. St. Louis City had the highest number of reported early latent syphilis cases (50).

Figure 22. Reported early latent syphilis cases, by race and sex, by age group at diagnosis, Missouri, 2010

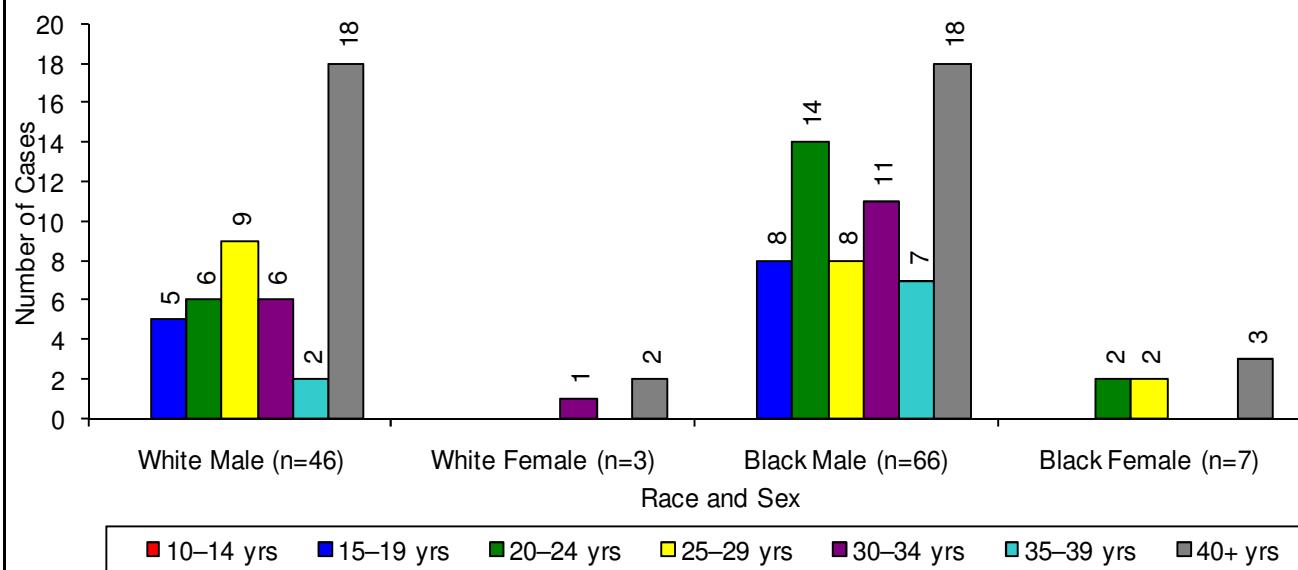
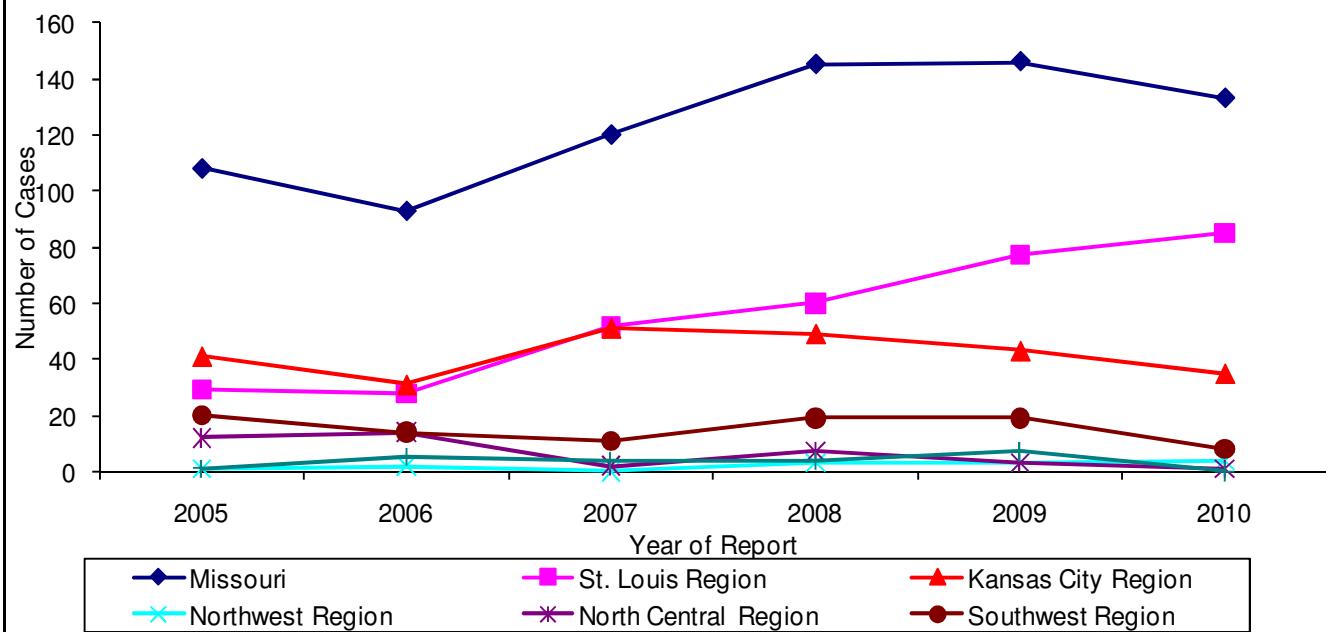


Figure 23. Reported early latent syphilis cases by geographic region and year of report, Missouri, 2005-2010



The largest numbers of early latent syphilis cases were reported among black males (66) and white males (46) (Figure 22). The number of reported cases increased slightly from 2009 to 2010 among white males (45 to 46), and decreased among all other race/ethnicity and sex categories presented. Among all race/ethnicity and sex categories presented, the largest number of cases was reported among individuals 40 or more years of age at the time of diagnosis.

The number of reported early latent syphilis cases in Missouri generally increased from 2006 to 2009, with a slight decrease observed in 2010 (Figure 23). The number of reported early latent syphilis cases generally increased from 2006 to 2010 in the St. Louis HIV region. In the Kansas City HIV region, reported early latent syphilis has decreased from 2007 to 2010. The number of reported early latent syphilis decreased from 2009 to 2010 in all regions except the St. Louis and Northwest HIV regions.

Table 26. Reported gonorrhea cases and rates, by race*, by geographic region, by sex, Missouri, 2010

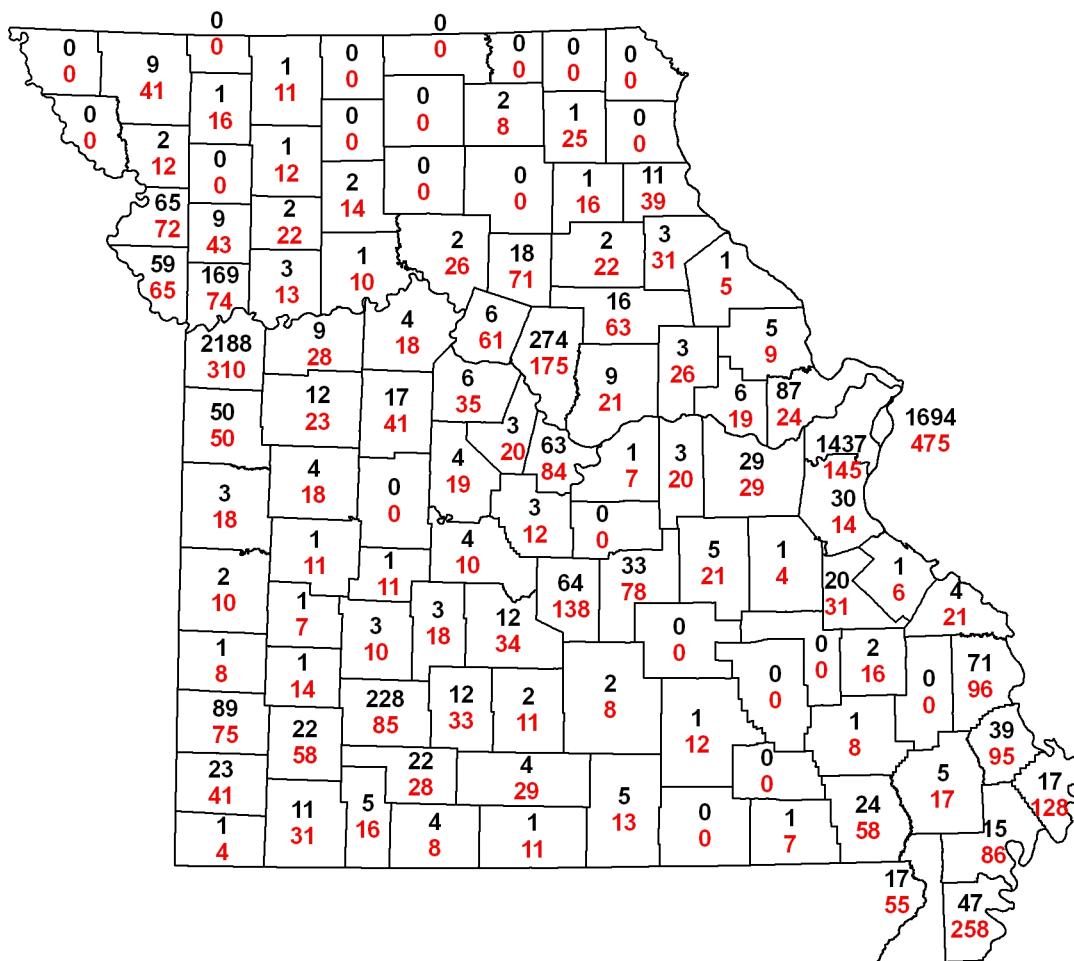
	Male			Female			Total	
	Cases	%	Rate**	Cases	%	Rate**	Cases	Rate**
Missouri								
White	403	12.6%	16.8	823	20.8%	32.9	1,226	25.0
Black	2,327	72.5%	729.9	2,432	61.6%	675.8	4,759	701.2
Other/Unknown*	478	14.9%	--	696	17.6%	--	1,174	--
Total Cases	3,208	100.0%	109.6	3,951	100.0%	129.1	7,159	119.6
St. Louis Region								
White	114	7.2%	14.8	118	7.0%	14.7	232	14.8
Black	1,185	74.4%	640.6	1,183	69.8%	534.6	2,368	582.8
Other/Unknown*	293	18.4%	--	395	23.3%	--	688	--
Total Cases	1,592	100.0%	156.3	1,696	100.0%	155.5	3,288	155.9
Kansas City Region								
White	122	11.2%	25.3	254	18.1%	50.6	376	38.2
Black	877	80.2%	1060.6	1,014	72.2%	1063.3	1,891	1062.1
Other/Unknown*	94	8.6%	--	136	9.7%	--	230	--
Total Cases	1,093	100.0%	173.5	1,404	100.0%	212.4	2,497	193.4
Northwest Region								
White	7	30.4%	6.3	38	54.3%	33.1	45	19.9
Black	16	69.6%	347.9	21	30.0%	804.6	37	513.2
Other/Unknown*	0	0.0%	--	11	15.7%	--	11	--
Total Cases	23	100.0%	18.9	70	100.0%	57.1	93	38.0
North Central Region								
White	40	23.0%	12.3	124	43.8%	36.7	164	24.7
Black	105	60.3%	500.2	110	38.9%	620.9	215	555.4
Other/Unknown*	29	16.7%	--	49	17.3%	--	78	--
Total Cases	174	100.0%	47.4	283	100.0%	75.6	457	61.6
Southwest Region								
White	99	43.8%	19.9	224	68.3%	43.2	323	31.8
Black	78	34.5%	691.5	32	9.8%	358.5	110	544.4
Other/Unknown*	49	21.7%	--	72	22.0%	--	121	--
Total Cases	226	100.0%	41.2	328	100.0%	57.9	554	49.7
Southeast Region								
White	21	21.0%	9.7	65	38.2%	29.1	86	19.6
Black	66	66.0%	462.6	72	42.4%	515.5	138	488.7
Other/Unknown*	13	13.0%	--	33	19.4%	--	46	--
Total Cases	100	100.0%	41.8	170	100.0%	69.0	270	55.6

*Includes cases identified with Hispanic ethnicity.

**Per 100,000 population based on 2009 MDHSS population estimates.

There were a total of 7,159 gonorrhea cases reported in 2010 (Table 26). This represented a 10% increase in the number of reported cases compared to 2009. The majority of cases (55%) were reported among females. The proportion of gonorrhea cases reported among females varied by HIV region. The St. Louis HIV region reported the lowest proportion of female cases (52%), followed by the Kansas City (56%), Southwest (59%), North Central (62%), Southeast (63%) and Northwest (75%) HIV regions. The rate of gonorrhea cases among females was highest in the Kansas City HIV region (212.4), followed by the St. Louis HIV region (155.5). Forty-six percent of all gonorrhea cases were reported in the St. Louis HIV region and 35% were reported in the Kansas City HIV region. The Southwest HIV region had the third largest number of gonorrhea cases reported. The rate of reported gonorrhea cases was higher for blacks compared to whites in all regions.

Figure 24. Reported gonorrhea cases* and rates, by county, Missouri, 2010**

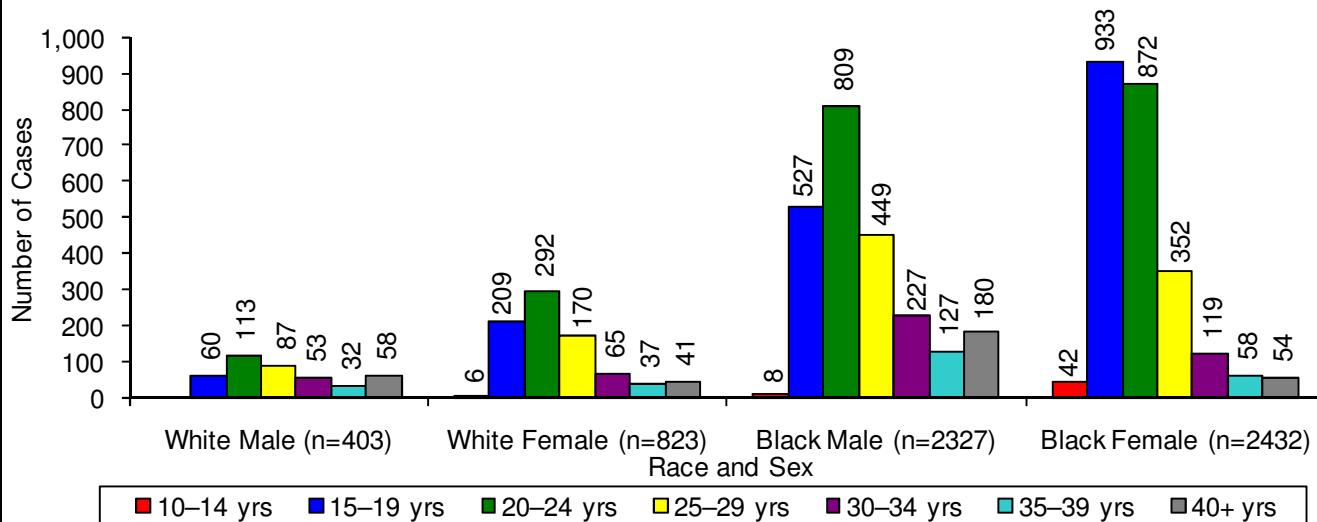


*Case counts are in black.

****Case rates are in red, per 100,000 population based on 2009 MDHSS population estimates.**

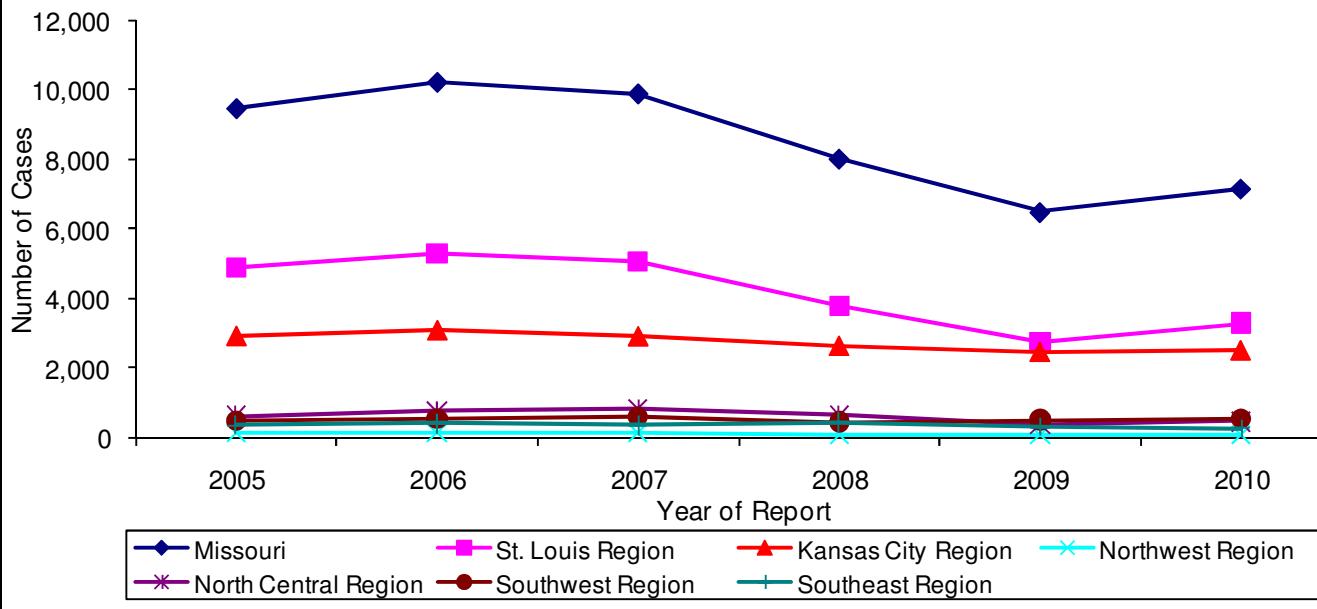
Gonorrhea cases reported in St. Louis City, St. Louis County, and Jackson County represented 74% of all reported cases in 2010 (Figure 24). There were 22 counties that did not report any gonorrhea cases in 2010. St. Louis City had the highest rate of reported gonorrhea cases at 475 per 100,000 persons. This means that for every 100,000 persons living in St. Louis City, there were 475 reported with gonorrhea in 2010.

Figure 25. Reported gonorrhea cases, by race and sex, by age group at diagnosis, Missouri, 2010



Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

Figure 26. Reported gonorrhea cases by geographic region and year of report, Missouri, 2005-2010



The largest numbers of gonorrhea cases were reported among black females (2,432) and black males (2,327) (Figure 25). The number of reported cases increased from 2009 to 2010 among all race/ethnicity and sex categories presented except white females. Among white and black males and white females, the largest number of cases was reported among individuals 20-24 years of age at the time of diagnosis. Among black females, the largest number of cases was reported among 15-19 year olds, and was followed by 20-24 year olds. A greater proportion of gonorrhea cases among white males was diagnosed among individuals 40 or more years of age (14%) compared to the other race/ethnicity and sex categories presented.

The number of reported gonorrhea cases in Missouri decreased from 2006 to 2009 and then increased through 2010 (Figure 26). Similar trends were observed in the St. Louis, Kansas City and North Central HIV regions. The number of reported gonorrhea cases was lower in 2010 (270) than 2009 (294) in the Southeast HIV region. In the Southwest and Northwest HIV regions, the number of reported gonorrhea cases increased from 2008 to 2010. The number of reported gonorrhea cases was lower in 2010 compared to 2005 in all HIV regions except the Southwest region.

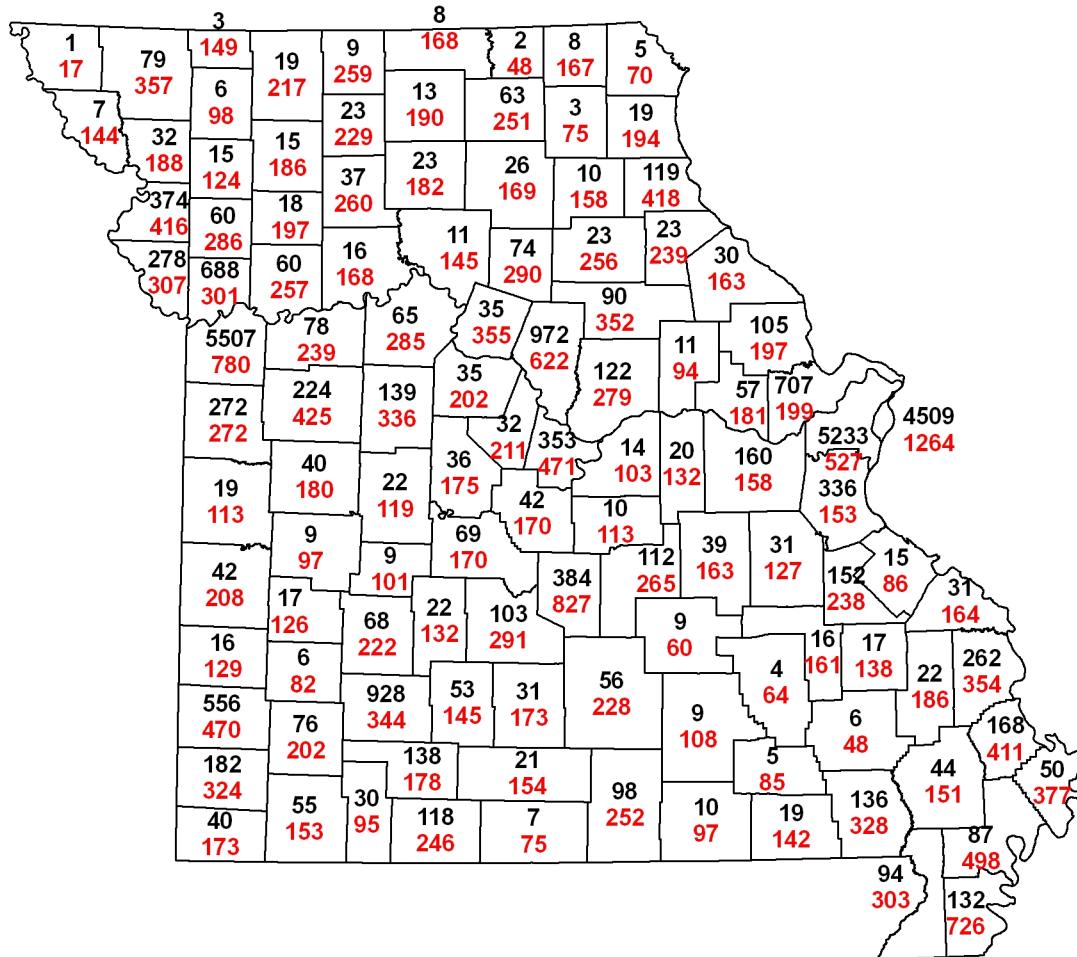
Table 27. Reported chlamydia cases and rates, by race*, by geographic region, by sex, Missouri, 2010

	Male			Female			Total	
	Cases	%	Rate**	Cases	%	Rate**	Cases	Rate**
Missouri								
White	1,567	21.8%	65.3	5,587	29.6%	223.4	7,154	146.0
Black	3,948	55.0%	1238.3	7,769	41.2%	2158.7	11,717	1726.4
Other/Unknown*	1,667	23.2%	--	5,511	29.2%	--	7,178	--
Total Cases	7,182	100.0%	245.5	18,867	100.0%	616.3	26,049	435.1
St. Louis Region								
White	359	10.9%	46.7	844	10.8%	105.0	1,203	76.5
Black	2,069	62.9%	1118.4	4,370	55.9%	1974.6	6,439	1584.8
Other/Unknown*	860	26.2%	--	2,605	33.3%	--	3,465	--
Total Cases	3,288	100.0%	322.7	7,819	100.0%	716.9	11,107	526.5
Kansas City Region								
White	350	16.8%	72.7	1,374	26.9%	273.5	1,724	175.2
Black	1,348	64.8%	1630.2	2,537	49.7%	2660.4	3,885	2182.0
Other/Unknown*	383	18.4%	--	1,196	23.4%	--	1,579	--
Total Cases	2,081	100.0%	330.4	5,107	100.0%	772.6	7,188	556.8
Northwest Region								
White	78	52.3%	69.9	381	67.4%	332.2	459	202.8
Black	33	22.1%	717.5	59	10.4%	2260.5	92	1276.2
Other/Unknown*	38	25.5%	--	125	22.1%	--	163	--
Total Cases	149	100.0%	122.3	565	100.0%	460.9	714	292.1
North Central Region								
White	244	38.4%	75.0	993	53.1%	294.2	1,237	186.6
Black	260	40.9%	1238.5	395	21.1%	2229.6	655	1692.1
Other/Unknown*	131	20.6%	--	482	25.8%	--	613	--
Total Cases	635	100.0%	172.9	1,870	100.0%	499.4	2,505	337.7
Southwest Region								
White	422	57.8%	84.9	1,531	61.9%	295.2	1,953	192.3
Black	127	17.4%	1125.9	137	5.5%	1534.7	264	1306.5
Other/Unknown*	181	24.8%	--	807	32.6%	--	988	--
Total Cases	730	100.0%	133.1	2,475	100.0%	437.0	3,205	287.5
Southeast Region								
White	114	38.1%	52.9	464	45.0%	207.5	578	131.6
Black	111	37.1%	778.0	271	26.3%	1940.1	382	1352.9
Other/Unknown*	74	24.7%	--	296	28.7%	--	370	--
Total Cases	299	100.0%	124.9	1,031	100.0%	418.2	1,330	273.7

*Includes cases identified with Hispanic ethnicity.

**Per 100,000 population based on 2009 MDHSS population estimates.

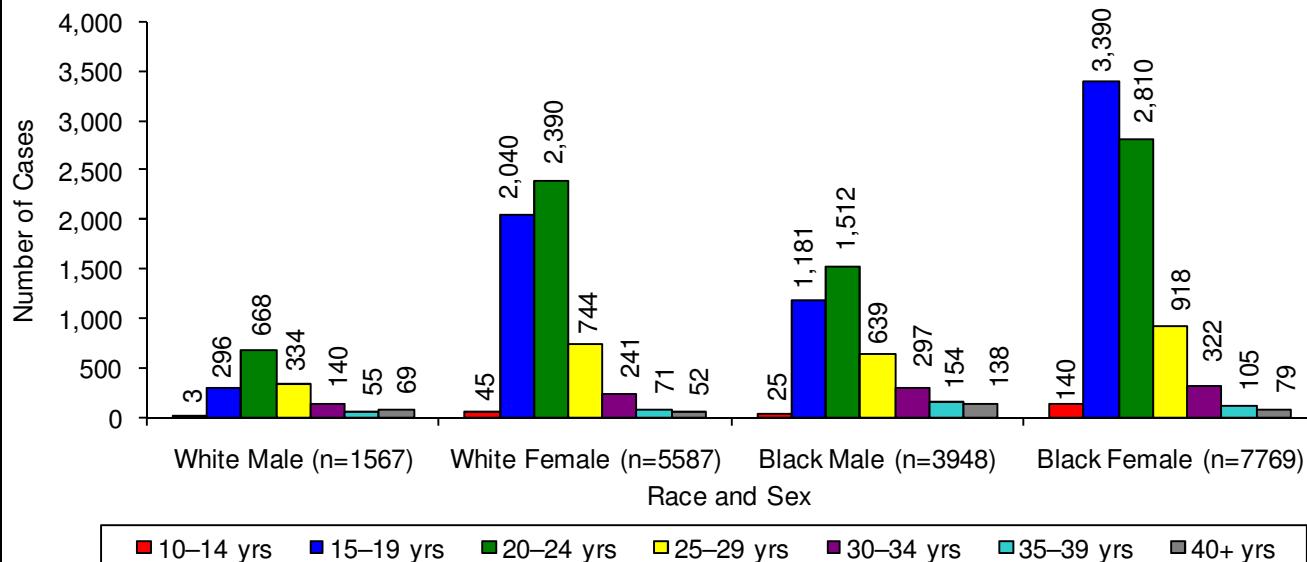
There were a total of 26,049 chlamydia cases reported in 2010 (Table 27). The majority of cases (72%) were reported among females. The proportion of chlamydia cases reported among females varied by HIV region. The Northwest HIV region reported the highest proportion of female cases (79%), followed by the Southeast (78%), Southwest (77%), North Central (75%), Kansas City (71%) and St. Louis (70%) HIV regions. The rate of chlamydia cases among females was highest in the Kansas City HIV region (772.6), followed by the St. Louis HIV region (716.9). Forty-three percent of all chlamydia cases were reported in the St. Louis HIV region and 28% were reported in the Kansas City HIV region. The Southwest HIV region had the third largest number of chlamydia cases reported. The rate of reported chlamydia cases was higher for blacks compared to whites in all regions.

Figure 27. Reported chlamydia cases* and rates, by county, Missouri, 2010**

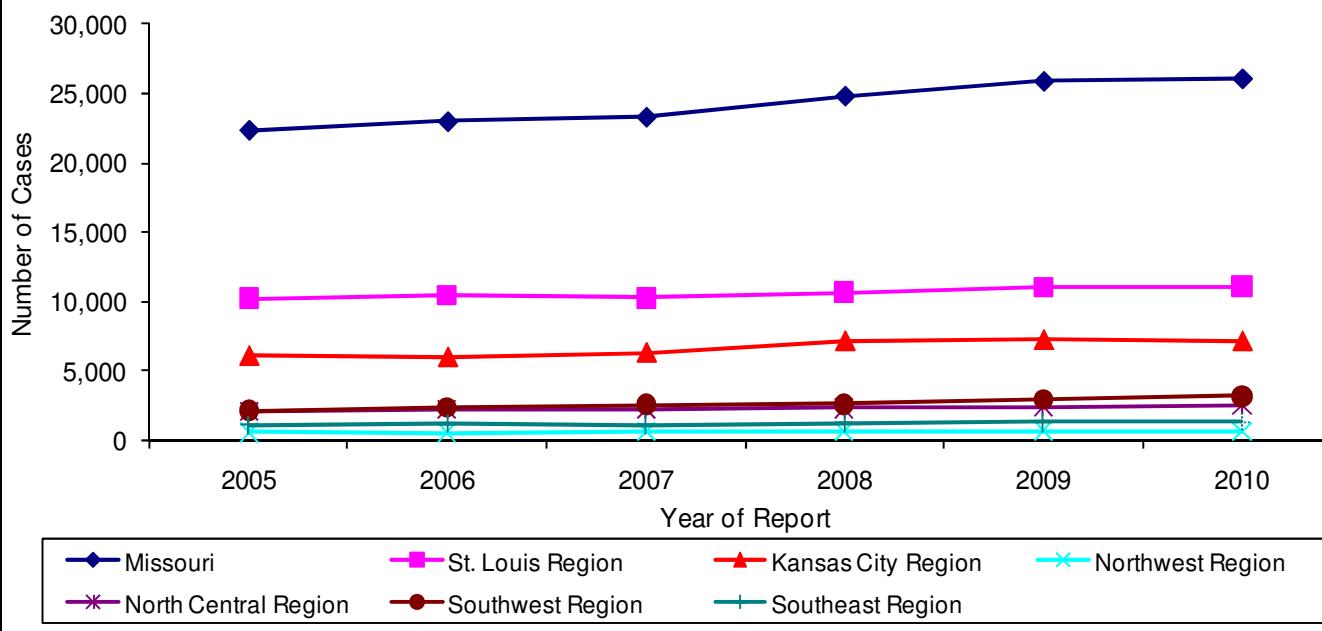
*Case counts are in black.

**Case rates are in red, per 100,000 population based on 2009 MDHSS population estimates.

Chlamydia cases reported in St. Louis City, St. Louis County, and Jackson County represented 59% of all reported cases in 2010 (Figure 27), although these areas represent only 34% of Missouri's general population. All counties reported at least one chlamydia cases in 2010. St. Louis City had the highest rate of reported chlamydia cases at 1,264 per 100,000 persons. This means that for every 100,000 persons living in St. Louis City, there were 1,264 reported with chlamydia in 2010.

Figure 28. Reported chlamydia cases, by race and sex, by age group at diagnosis, Missouri, 2010

Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

Figure 29. Reported chlamydia cases by geographic region and year of report, Missouri, 2005-2010

The largest numbers of chlamydia cases were reported among black females (7,769) and white females (5,587) (Figure 28). The number of reported cases increased from 2009 to 2010 among all race/ethnicity and sex categories presented except white females. The number of cases increased from 1,559 to 1,567 among white males, from 3,847 to 3,948 among black males, and from 7,715 to 7,769 among black females. Among white females, the number of reported chlamydia cases decreased from 5,834 to 5,587. Among white and black males and white females, the largest number of cases was reported among individuals 20-24 years of age at the time of diagnosis. Among black females, the largest number of cases was reported among 15-19 year olds.

The number of reported chlamydia cases in Missouri increased from 2005 to 2010 (Figure 29). Similar trends were observed for the St. Louis, North Central and Southwest HIV regions. The number of reported cases decreased from 2009 to 2010 in the Kansas City, Northwest and Southeast HIV regions.

Table 28. Reported Hepatitis B[†] cases and rates, by race*, by geographic region, by sex, Missouri, 2010

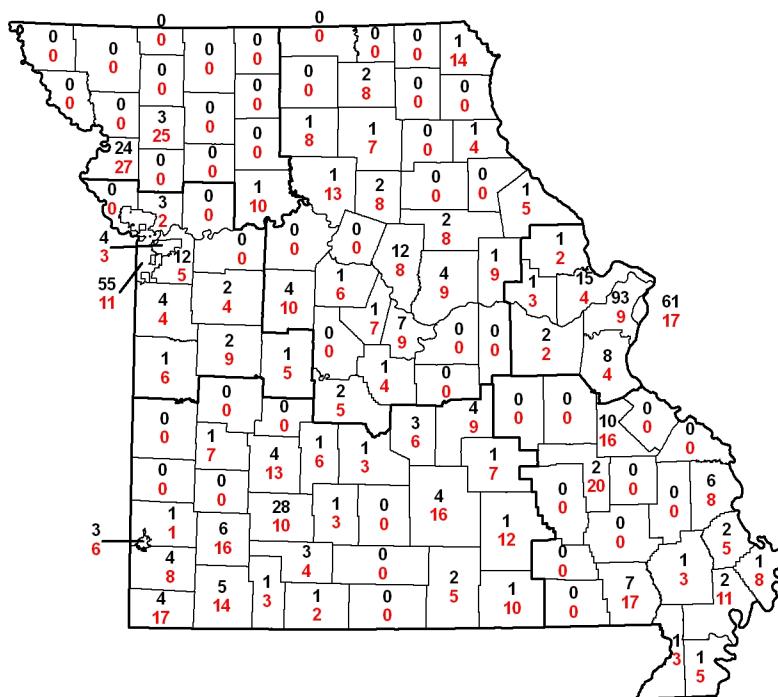
	Male			Female			Total	
	Cases	%	Rate**	Cases	%	Rate**	Cases	Rate**
Missouri								
White	88	44.0%	3.7	54	21.5%	2.2	142	2.9
Black	25	12.5%	7.8	48	19.1%	13.3	73	10.8
Other/Unknown*	87	43.5%	--	149	59.4%	--	236	--
Total Cases	200	100.0%	6.8	251	100.0%	8.2	451	7.5
St. Louis Region								
White	23	--	3.0	12	11.1%	1.5	35	2.2
Black	15	--	8.1	27	25.0%	12.2	42	10.3
Other/Unknown*	35	--	--	69	63.9%	--	104	--
Total Cases	--	0.0	0.0	108	100.0%	9.9	181	8.6
Kansas City Region								
White	13	48.1%	2.7	8	14.0%	1.6	21	2.1
Black	5	18.5%	6.0	15	26.3%	15.7	20	11.2
Other/Unknown*	9	33.3%	--	34	59.6%	--	43	--
Total Cases	27	100.0%	4.3	57	100.0%	8.6	84	6.5
Northwest Region								
White	6	37.5%	5.4	7	58.3%	6.1	13	5.7
Black	0	0.0%	0.0	0	0.0%	0.0	0	0.0
Other/Unknown*	10	62.5%	--	5	41.7%	--	15	--
Total Cases	16	100.0%	13.1	12	100.0%	9.8	28	11.5
North Central Region								
White	8	44.4%	2.5	7	25.9%	2.1	15	2.3
Black	0	0.0%	0.0	5	18.5%	28.2	5	12.9
Other/Unknown*	10	55.6%	--	15	55.6%	--	25	--
Total Cases	18	100.0%	4.9	27	100.0%	7.2	45	6.1
Southwest Region								
White	27	61.4%	5.4	15	41.7%	2.9	42	4.1
Black	4	9.1%	35.5	1	2.8%	11.2	5	24.7
Other/Unknown*	13	29.5%	--	20	55.6%	--	33	--
Total Cases	44	100.0%	8.0	36	100.0%	6.4	80	7.2
Southeast Region								
White	11	50.0%	5.1	5	45.5%	2.2	16	3.6
Black	1	4.5%	7.0	0	0.0%	0.0	1	3.5
Other/Unknown*	10	45.5%	--	6	54.5%	--	16	--
Total Cases	22	100.0%	9.2	11	100.0%	4.5	33	6.8

[†]Includes confirmed and probable case classifications of Hepatitis B Acute, Hepatitis B Chronic, and Hepatitis B Prenatal.

*Includes cases identified with Hispanic ethnicity.

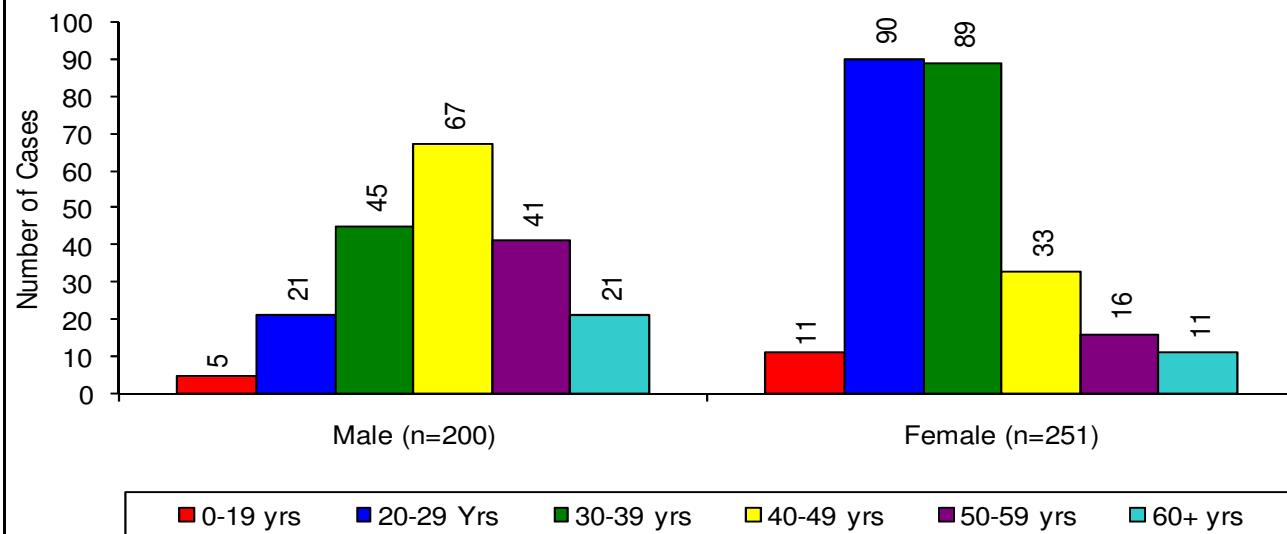
**Per 100,000 population based on 2009 MDHSS population estimates.

Of the 451 Hepatitis B cases reported in 2010, 67 were reported with acute Hepatitis B, 248 with chronic Hepatitis B, and 136 with prenatal Hepatitis B. The number of reported Hepatitis B cases in Missouri increased by 29 cases from 2009 (422) to 2010 (451) (Table 28). The number of persons reported with Hepatitis B increased from 2009 to 2010 in all HIV regions except the Kansas City and North Central HIV regions. Overall, the rate of reported Hepatitis B cases was highest in the Northwest HIV region (11.5 per 100,000). Overall, 56% of reported cases were females, although variation in the ratio of male to female cases existed among the HIV regions. The large proportion of cases with unknown race/ethnicity information makes it difficult to interpret differences in reported infections by race/ethnicity.

Figure 30. Reported Hepatitis B cases* and rates, by jurisdiction, Missouri, 2010**

*Case counts are in black.

**Case rates are in red, per 100,000 population based on 2009 MDHSS population estimates.

Figure 31. Reported Hepatitis B cases, by sex and by age group at diagnosis, Missouri, 2010

Note: Totals include persons whose age at diagnosis is unknown.

St. Louis County had the greatest number of reported Hepatitis B cases (93), followed by St. Louis City (61) (Figure 30). There were 49 jurisdictions that did not report any Hepatitis B cases in 2010.

There were differences in the age distribution of reported Hepatitis B cases by sex (Figure 31). Among males, the largest numbers of reported cases were between 40-49 years of age. The largest numbers of cases were 20-29 years of age at diagnosis among females.

Table 29. Reported Hepatitis C[†] cases and rates, by race*, by geographic region, by sex, Missouri, 2010

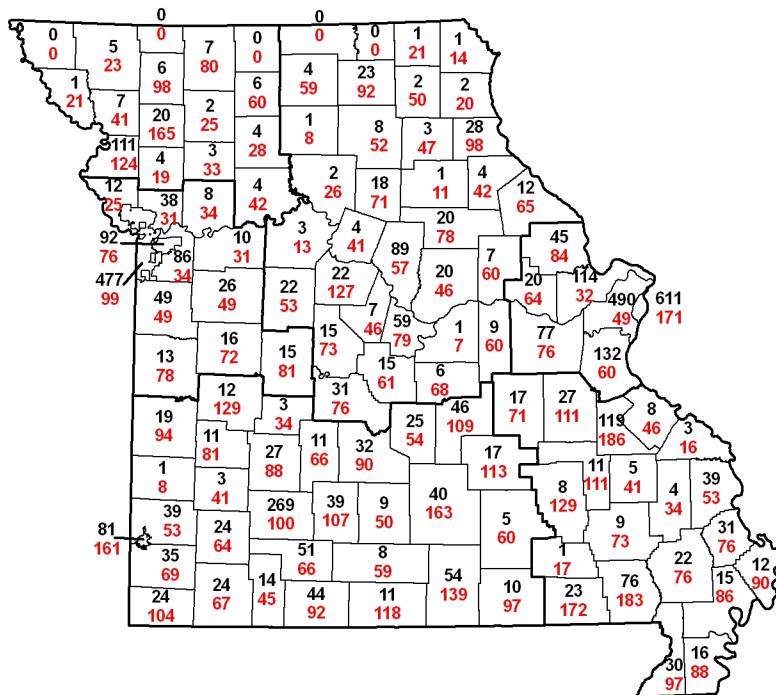
	Male			Female			Total [‡]	
	Cases	%	Rate**	Cases	%	Rate**	Cases	Rate**
Missouri								
White	994	35.5%	41.4	790	49.1%	31.6	1,785	36.4
Black	292	10.4%	91.6	150	9.3%	41.7	442	65.1
Other/Unknown*	1,515	54.1%	--	670	41.6%	--	2,188	--
Total Cases	2,801	100.0%	95.7	1,610	100.0%	52.6	4,415	73.7
St. Louis Region								
White	175	17.4%	22.8	158	32.5%	19.7	333	21.2
Black	183	18.2%	98.9	89	18.3%	40.2	272	66.9
Other/Unknown*	645	64.3%	--	239	49.2%	--	884	--
Total Cases	1,003	100.0%	98.4	486	100.0%	44.6	1,489	70.6
Kansas City Region								
White	189	34.4%	39.2	117	39.9%	23.3	306	31.1
Black	64	11.7%	77.4	48	16.4%	50.3	112	62.9
Other/Unknown*	296	53.9%	--	128	43.7%	--	424	--
Total Cases	549	100.0%	87.2	293	100.0%	44.3	842	65.2
Northwest Region								
White	65	52.8%	58.2	45	78.9%	39.2	110	48.6
Black	8	6.5%	174.0	2	3.5%	76.6	10	138.7
Other/Unknown*	50	40.7%	--	10	17.5%	--	60	--
Total Cases	123	100.0%	100.9	57	100.0%	46.5	180	73.6
North Central Region								
White	122	44.7%	37.5	104	62.3%	30.8	226	34.1
Black	14	5.1%	66.7	7	4.2%	39.5	21	54.3
Other/Unknown*	137	50.2%	--	56	33.5%	--	193	--
Total Cases	273	100.0%	74.3	167	100.0%	44.6	440	59.3
Southwest Region								
White	302	54.1%	60.7	264	61.5%	50.9	567	55.8
Black	9	1.6%	79.8	2	0.5%	22.4	11	54.4
Other/Unknown*	247	44.3%	--	163	38.0%	--	410	--
Total Cases	558	100.0%	101.7	429	100.0%	75.7	988	88.6
Southeast Region								
White	141	47.8%	65.4	102	57.3%	45.6	243	55.3
Black	14	4.7%	98.1	2	1.1%	14.3	16	56.7
Other/Unknown*	140	47.5%	--	74	41.6%	--	217	--
Total Cases	295	100.0%	123.2	178	100.0%	72.2	476	98.0

[†]Includes confirmed and probable case classifications of Hepatitis C Acute and Hepatitis C Chronic.^{*}Includes cases identified with Hispanic ethnicity.[‡]Includes persons with unknown or other sex.

**Per 100,000 population based on 2009 MDHSS population estimates.

Of the 4,415 Hepatitis C cases reported in 2010, 6 were reported with acute Hepatitis C and 4,409 with chronic Hepatitis C. The number of reported Hepatitis C cases in Missouri decreased by 426 cases from 2009 (4,841) to 2010 (4,415) (Table 29). The decrease was likely due to a change in surveillance practices, and not due to a true decrease in disease. Among the HIV regions, the number of persons reported with Hepatitis C decreased from 2009 to 2010 in the Kansas City (1,085 to 842), Northwest (272 to 180), North Central (459 to 440), Southwest (1,134 to 988) and Southeast (639 to 476) HIV regions, but increased in the St. Louis HIV region (1,252 to 1,489). Overall, the rate of reported Hepatitis C cases was highest in the Southeast HIV region (98.0 per 100,000). In Missouri overall, 63% of the reported cases were males. The large proportion of cases with unknown race/ethnicity information makes it difficult to interpret differences in reported infections by race/ethnicity.

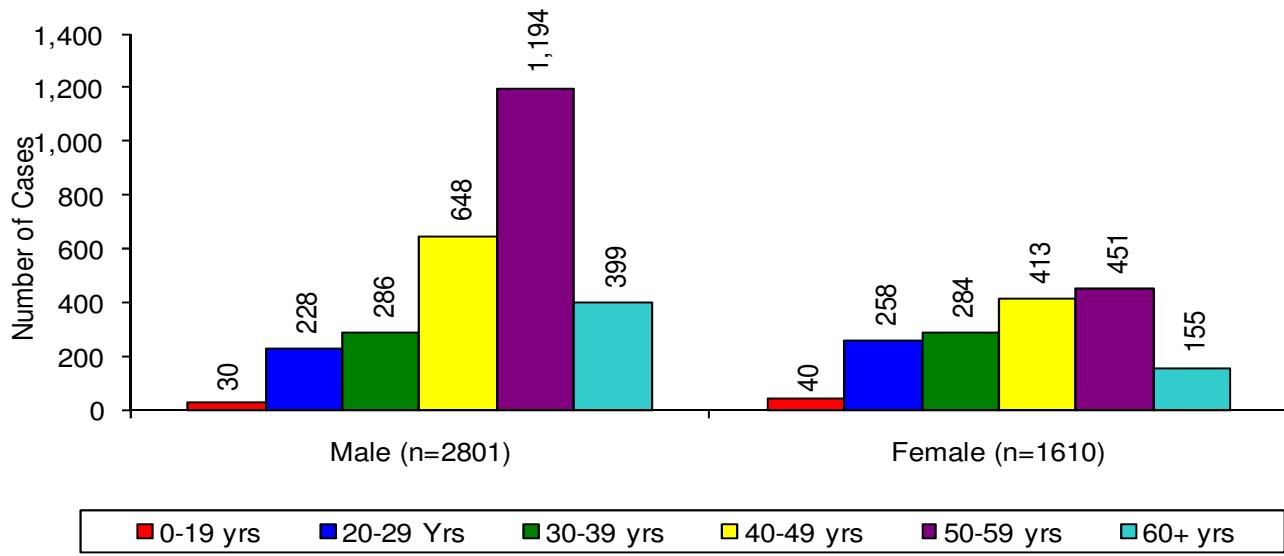
Figure 32. Reported Hepatitis C cases* and rates, by jurisdiction, Missouri, 2010**



*Case counts are in black.

**Case rates are in red, per 100,000 population based on 2009 MDHSS population estimates.

Figure 33. Reported Hepatitis C cases, by sex and by age group at diagnosis, Missouri, 2010



Note: Totals include persons whose age at diagnosis is unknown.

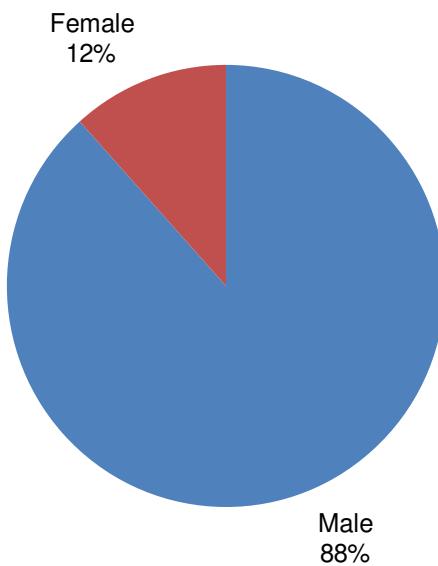
St. Louis City had the greatest number of reported Hepatitis C cases with 611 cases (Figure 32). The second largest number of Hepatitis C cases occurred in St. Louis County (490). There were five jurisdictions which did not report a Hepatitis C case in 2010.

The age distribution of reported Hepatitis C cases was similar for males and females (Figure 33). The largest numbers of reported cases were between 50-59 years of age for both males and females.

Table 30. HIV and STD co-infections, Missouri, 2010

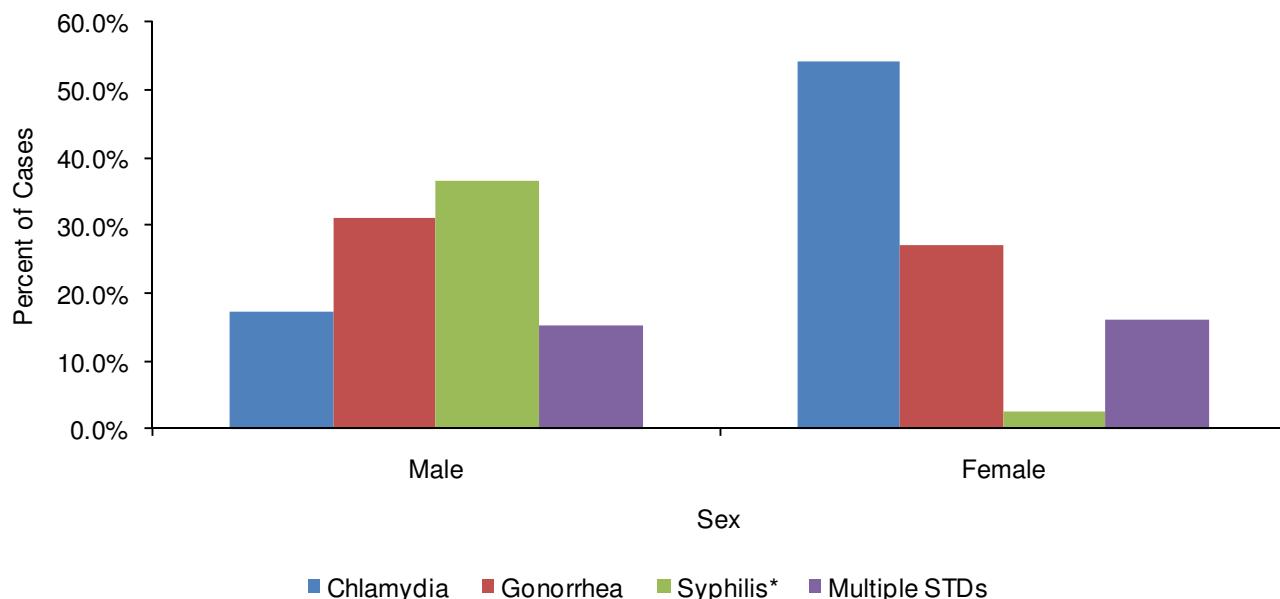
Co-infection	Diagnosed with HIV Prior to 2010		Diagnosed with HIV in 2010		Total	
	N	%	N	%	N	%
Chlamydia	48	20.3%	20	24.7%	68	21.5%
Gonorrhea	76	32.2%	21	25.9%	97	30.6%
Syphilis*	76	32.2%	27	33.3%	103	32.5%
Chlamydia and Gonorrhea	23	9.7%	9	11.1%	32	10.1%
Chlamydia and Syphilis*	9	3.8%	0	0.0%	9	2.8%
Gonorrhea and Syphilis*	4	1.7%	4	4.9%	8	2.5%
Chlamydia, Gonorrhea, and Syphilis*	0	0.0%	0	0.0%	0	0.0%
Total	236	100.0%	81	100.0%	317	100.0%

*Only includes diagnoses of primary, secondary, and early latent syphilis.

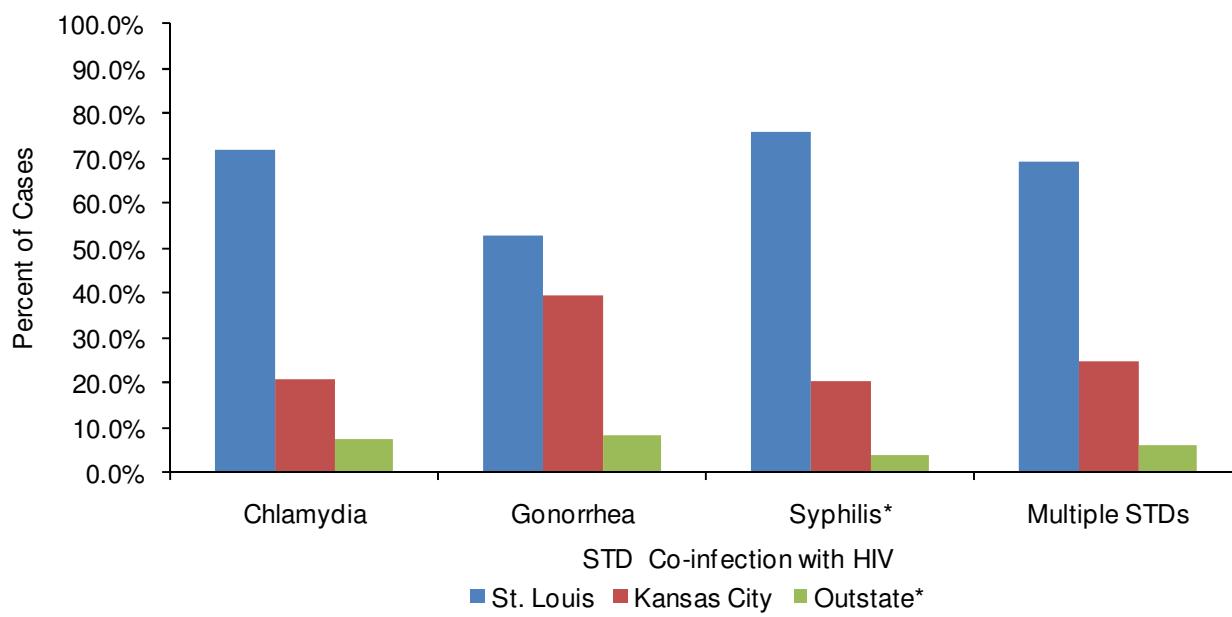
Figure 34. HIV and STD co-infections by sex, Missouri, 2010

Of the 10,862 individuals living with HIV disease, 317 were reported with an STD co-morbidity in 2010 (Table 30). The majority of those reported with an STD co-morbidity were diagnosed with HIV prior to 2010 (74%). However, the proportion of newly diagnosed cases with an STD diagnosed in the same year was greater (14%) than the proportion of living cases diagnosed with an STD in 2010 (3%). There were not significant differences in the type of STD co-morbidity diagnosed based on when the individual was diagnosed with HIV. The largest numbers of HIV co-morbidities were with early syphilis and gonorrhea. The proportion of reported STD infections in 2010 that were living with HIV varied by infection type. Of the 285 early syphilis cases reported in 2010, 42% were among individuals living with HIV. Only 2% of gonorrhea cases and less than 1% of chlamydia cases reported in 2010 were among individuals living with HIV.

Of the 317 reported STD co-morbidity cases, 88% were among males (Figure 34). Males represented a slightly higher proportion of the STD co-morbidity cases (88%) compared to all males living with HIV disease (83%).

Figure 35. HIV and STD co-infections by sex and type of co-infection, Missouri, 2010

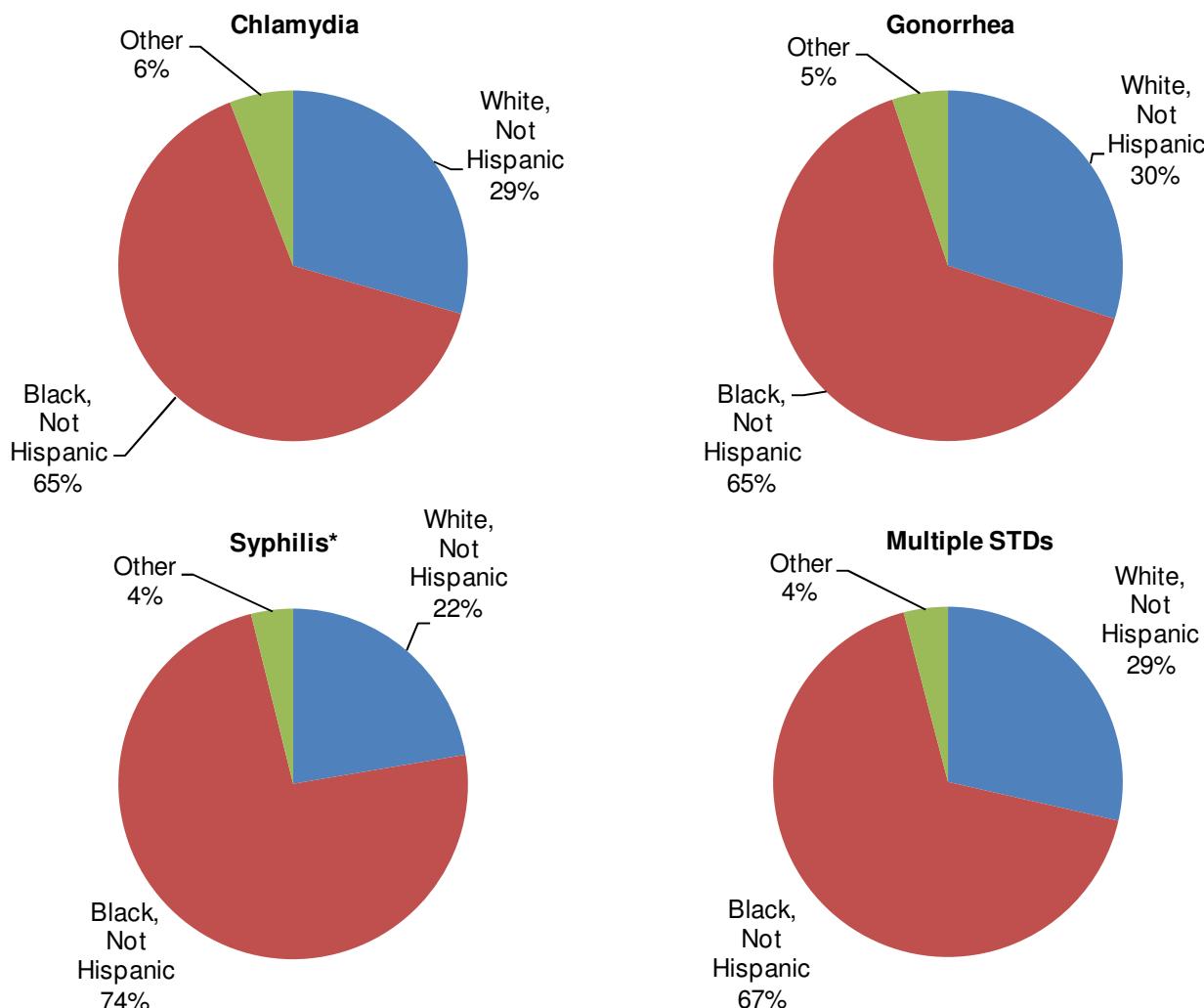
*Only includes diagnoses of primary, secondary, and early latent syphilis.

Figure 36. HIV and STD co-infections by geographic region of STD diagnosis, Missouri, 2010

*Includes those diagnosed in the North Central, Northwest, Southeast, and Southwest regions.

There were differences in the distribution of STD co-morbidity types by sex (Figure 35). Among females living with HIV that were reported with a STD co-morbidity in 2010, 54% were co-infected with chlamydia, 27% with gonorrhea, 16% with multiple STDs, and 3% with early syphilis. In contrast, among males living with HIV reported with a STD co-morbidity in 2010, only 17% were co-infected with chlamydia, 31% with gonorrhea, 15% with multiple STDs, and 36% with early syphilis.

Among all HIV and STD co-morbidity types, the greatest proportion of cases was diagnosed in the St. Louis HIV region (Figure 36). Among those living with HIV that were reported with chlamydia in 2010, 72% were residents of the St. Louis HIV region when diagnosed with chlamydia. The St. Louis HIV region represented 53% of all living HIV cases reported with gonorrhea in 2010, 76% of those with early syphilis, and 69% of those with multiple STD co-morbidities. There were differences in the distribution of cases by region for the different co-morbidity types. In St. Louis, co-infections between syphilis and HIV were most commonly reported, while gonorrhea and HIV infections represented the largest co-morbidity type in Kansas City and Outstate.

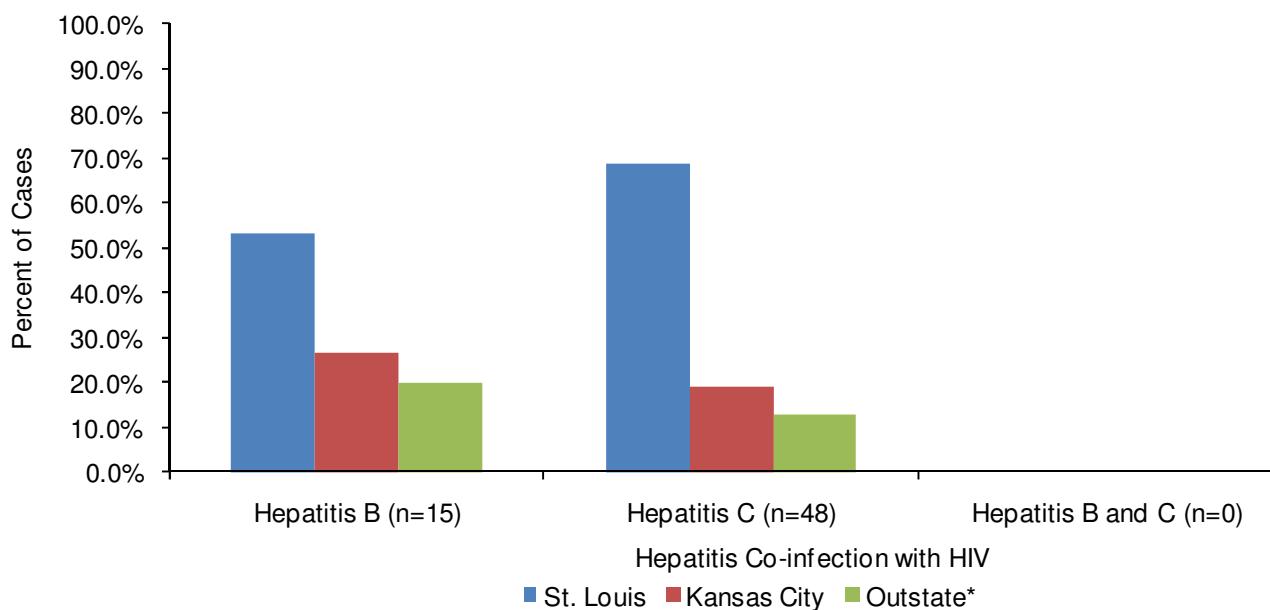
Figure 37. HIV and STD co-infections by race/ethnicity and type of co-infection, Missouri, 2010

*Only includes diagnoses of primary, secondary, and early latent syphilis.

There were differences in the distribution of race/ethnicity among HIV and STD co-morbidities depending on the type of STD diagnosed (Figure 37). The proportion of co-morbidity cases attributed to blacks was highest among those co-infected with early syphilis (74%), followed by those with multiple co-infections (67%). In all instances minorities were disproportionately represented in the proportion of co-morbidities that were reported. Although blacks represented only 44% of living HIV disease cases, they represented 68% of individuals diagnosed with an STD co-morbidity.

Table 31. Reported hepatitis B and C infections among persons living with HIV disease, Missouri, 2010

Co-infection	Diagnosed with HIV Prior to 2010	Diagnosed with HIV in 2010	Total Co-infections
	N	N	N
Acute Hepatitis B	0	1	1
Chronic Hepatitis B	12	2	14
Prenatal Hepatitis B	0	0	0
Acute Hepatitis C	0	0	0
Chronic Hepatitis C	44	4	48
Chronic Hepatitis B & C	0	0	0
Total	56	7	63

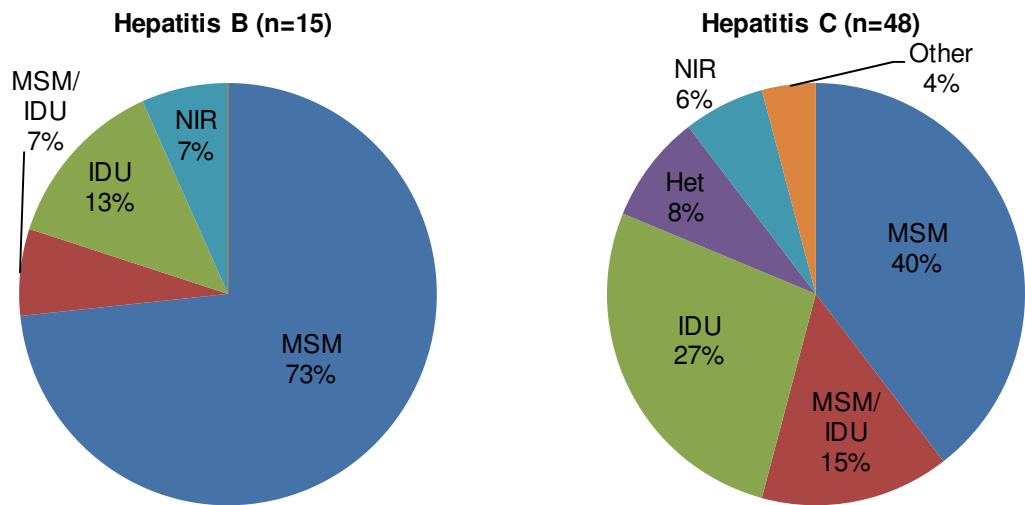
Figure 38. HIV and hepatitis co-infections by geographic region of hepatitis diagnosis, Missouri, 2010

*Includes those diagnosed in the North Central, Northwest, Southeast, and Southwest regions.

Of the 10,862 individuals living with HIV disease, 63 were reported with a hepatitis co-morbidity in 2010 (Table 31). The majority of those reported with a hepatitis co-morbidity were diagnosed with HIV prior to 2010 (89%). The largest number of HIV co-morbidities was with chronic Hepatitis C. The proportion of reported hepatitis infections in 2010 that were living with HIV varied by infection type. Of the 248 chronic Hepatitis B cases reported in 2010, 6% were among individuals living with HIV. Only 1% of chronic hepatitis C cases reported in 2010 were among individuals living with HIV.

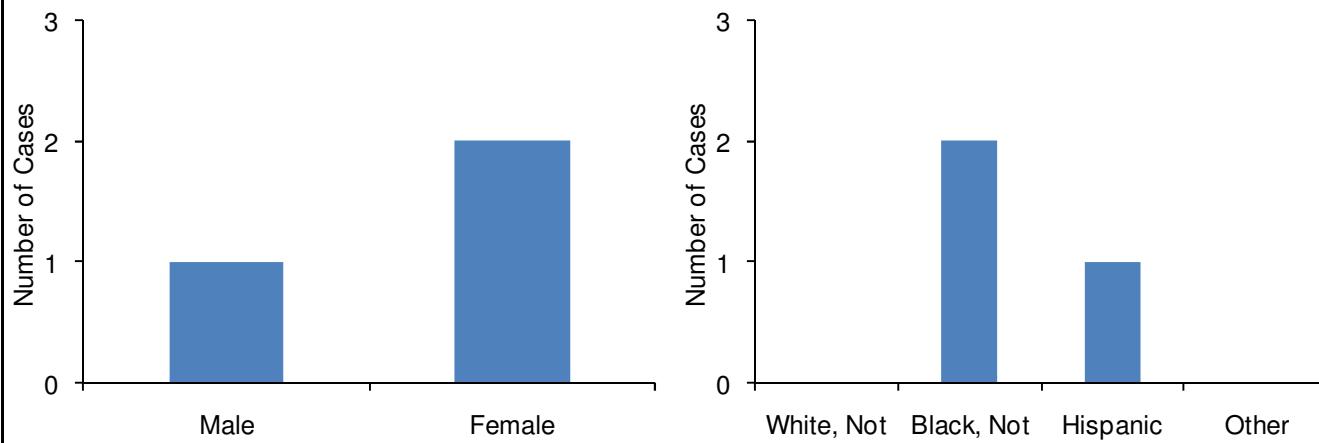
Among persons living with HIV disease that were reported with a Hepatitis B infection in 2010, the majority were residing in the St. Louis HIV region (53%) at the time of the hepatitis diagnosis (Figure 38). Among HIV-positive persons reported with a Hepatitis C infection in 2010, the majority were residing in the St. Louis HIV region (69%) at the time of the hepatitis diagnosis.

Figure 39. HIV and hepatitis co-infections by HIV exposure category and type of co-infection, Missouri, 2010



Among persons living with HIV disease and reported with a Hepatitis B infection in 2010, 73% were among males who reported having sex with other males (Figure 39). Among Hepatitis C co-morbidity cases 27% were attributed to IDU, and 15% were attributed to both IDU and MSM.

Figure 40. HIV and TB disease co-infections by sex, by race, Missouri, 2010



Among the 10,862 persons living with HIV disease, three were reported to be diagnosed with tuberculosis (TB) disease in 2010. Of those co-infected with TB disease in 2010, two of the co-infections were among persons diagnosed with HIV disease prior to 2010. All three co-infections were reported among persons between 35-44 years of age at the end of 2010. Two of the co-infections were among females, and two of the co-infections were among blacks (Figure 40).

Key Highlights: What are the number and characteristics of the individuals who know they are HIV positive but who are not in care?

Magnitude of the Problem

- Overall, 63% of Missourians living with HIV disease had their primary care medical needs met (i.e., evidence of a CD4 lymphocyte or viral load test or diagnosis with an opportunistic infection in 2010).
- Persons enrolled in HIV medical case management were significantly more likely to have their primary care medical needs met. Of the 10,862 persons living with HIV disease in Missouri, 4,067 (37%) were enrolled in medical case management. Ninety-six percent of individuals in case management had their primary care medical needs met in 2010.
- Persons living with HIV who were subcategorized as AIDS cases in 2010 were more likely to have their medical needs met (72%) compared to persons subcategorized as HIV cases (53%). Similar patterns were seen regardless of whether the individuals were enrolled in HIV medical case management.
- Enrollment in HIV medical case management and current diagnostic status (i.e., HIV or AIDS) were important factors influencing unmet need.

Where

- Overall, the proportion of individuals with a met need was greatest in the Southwest HIV region (70%), and lowest in the St. Louis HIV region (61%).
- Among those enrolled in HIV medical case management, the proportion with a met need ranged from 94% in the St. Louis HIV region to 99% in the North Central and Southwest HIV regions.
- For those not enrolled in HIV medical case management, the proportion with a met need ranged from 39% in the St. Louis HIV region to 51% in the Northwest HIV region.

Who

Sex

- Overall, there were not significant differences observed in unmet need by sex, after controlling for factors such as enrollment in HIV medical case management, and current diagnostic status (i.e., HIV or AIDS).

Race/Ethnicity

- Unmet need tended to be greater among minority populations, although factors such as case management and diagnostic status influenced the relationship between race and unmet need.
- Among persons diagnosed 2007-2009, the likelihood of entering care was lower for blacks than other races.

Age

- There were differences in unmet need by current age among individuals enrolled in HIV medical case management. Unmet need was greatest among individuals 19-24 years of age (15%).
- There were differences in unmet need by current age among individuals not enrolled in HIV medical case management. Unmet need was greatest among children 2-12 years of age (65%).

Exposure Category

- There were differences in unmet need by exposure category among individuals classified as HIV cases and enrolled in HIV medical case management. Among persons classified as HIV cases and enrolled in HIV medical case management, unmet need was greatest among those with no indicated risk (11%). Among individuals in HIV medical case management, MSM represented the largest number of persons with unmet need (95). However, this group also represented the largest number of individuals enrolled in case management (2,371).
- There were differences in unmet need by exposure category among individuals not enrolled in HIV medical case management. Different trends in unmet need were observed based on the current diagnostic status of the individual. Among persons classified as HIV cases, unmet need was highest among adults with a risk attributed to the receipt of clotting factors, contaminated blood products, or occupational exposures (73%). The second greatest unmet need was among individuals whose infection was attributed to heterosexual contact (72%). Among HIV cases, unmet need was lowest among pediatric cases (58%). Among persons classified as AIDS cases, unmet need was highest among injection drug users (58%). Among AIDS cases, the second highest unmet need was among pediatric cases (53%). Among persons classified as AIDS cases, unmet need was lowest among adults whose infection was attributed to heterosexual contact (35%).

Table 32. The impact of HIV case management on access to primary medical care by region* and race/ethnicity among individuals living with HIV disease as of December 31, 2010

Region	Total HIV Population		Enrolled in Case Management		Not Enrolled in Case Management		
	Met Need** N (%)	Unmet Need*** N (%)	Met Need** N (%)	Unmet Need*** N (%)	Met Need** N (%)	Unmet Need*** N (%)	
St. Louis Region							
White	1,314 (59.0%)	915 (41.0%)	676 (96.2%)	27 (3.8%)	638 (41.8%)	888 (58.2%)	
Black	1,704 (62.0%)	1,046 (38.0%)	1,130 (93.1%)	84 (6.9%)	574 (37.4%)	962 (62.6%)	
Hispanic	76 (57.6%)	56 (42.4%)	51 (94.4%)	3 (5.6%)	25 (32.1%)	53 (67.9%)	
Other/Unk.	42 (56.0%)	33 (44.0%)	24 (85.7%)	4 (14.3%)	18 (38.3%)	29 (61.7%)	
Total	3,136 (60.5%)	2,050 (39.5%)	1,881 (94.1%)	118 (5.9%)	1,255 (39.4%)	1,932 (60.6%)	
Kansas City Region							
White	1,128 (64.2%)	629 (35.8%)	480 (99.2%)	4 (0.8%)	648 (50.9%)	625 (49.1%)	
Black	815 (64.6%)	446 (35.4%)	502 (96.9%)	16 (3.1%)	313 (42.1%)	430 (57.9%)	
Hispanic	109 (55.1%)	89 (44.9%)	65 (100.0%)	0 (0.0%)	44 (33.1%)	89 (66.9%)	
Other/Unk.	39 (69.6%)	17 (30.4%)	16 (100.0%)	0 (0.0%)	23 (57.5%)	17 (42.5%)	
Total	2,091 (63.9%)	1,181 (36.1%)	1,063 (98.2%)	20 (1.8%)	1,028 (47.0%)	1,161 (53.0%)	
Northwest Region							
White	61 (70.9%)	25 (29.1%)	32 (94.1%)	2 (5.9%)	29 (55.8%)	23 (44.2%)	
Black	11 (64.7%)	6 (35.3%)	6 (100.0%)	0 (0.0%)	5 (45.5%)	6 (54.5%)	
Hispanic	1 (20.0%)	4 (80.0%)	1 (100.0%)	0 (0.0%)	0 (0.0%)	4 (100.0%)	
Other/Unk.	0 (N/A)	0 (N/A)	0 (N/A)	0 (N/A)	0 (N/A)	0 (N/A)	
Total	73 (67.6%)	35 (32.4%)	39 (95.1%)	2 (4.9%)	34 (50.7%)	33 (49.3%)	
North Central Region							
White	206 (68.2%)	96 (31.8%)	111 (99.1%)	1 (0.9%)	95 (50.0%)	95 (50.0%)	
Black	65 (55.1%)	53 (44.9%)	36 (100.0%)	0 (0.0%)	29 (35.4%)	53 (64.6%)	
Hispanic	17 (68.0%)	8 (32.0%)	12 (100.0%)	0 (0.0%)	5 (38.5%)	8 (61.5%)	
Other/Unk.	3 (50.0%)	3 (50.0%)	2 (100.0%)	0 (0.0%)	1 (25.0%)	3 (75.0%)	
Total	291 (64.5%)	160 (35.5%)	161 (99.4%)	1 (0.6%)	130 (45.0%)	159 (55.0%)	
Southwest Region							
White	481 (71.7%)	190 (28.3%)	327 (98.2%)	6 (1.8%)	154 (45.6%)	184 (54.4%)	
Black	48 (54.5%)	40 (45.5%)	36 (100.0%)	0 (0.0%)	12 (23.1%)	40 (76.9%)	
Hispanic	27 (69.2%)	12 (30.8%)	16 (100.0%)	0 (0.0%)	11 (47.8%)	12 (52.2%)	
Other/Unk.	9 (60.0%)	6 (40.0%)	8 (100.0%)	0 (0.0%)	1 (14.3%)	6 (85.7%)	
Total	565 (69.5%)	248 (30.5%)	387 (98.5%)	6 (1.5%)	178 (42.4%)	242 (57.6%)	
Southeast Region							
White	141 (67.5%)	68 (32.5%)	91 (96.8%)	3 (3.2%)	50 (43.5%)	65 (56.5%)	
Black	54 (61.4%)	34 (38.6%)	36 (92.3%)	3 (7.7%)	18 (36.7%)	31 (63.3%)	
Hispanic	3 (60.0%)	2 (40.0%)	1 (100.0%)	0 (0.0%)	2 (50.0%)	2 (50.0%)	
Other/Unk.	1 (100.0%)	0 (0.0%)	1 (100.0%)	0 (0.0%)	0 (N/A)	0 (N/A)	
Total	199 (65.7%)	104 (34.3%)	129 (95.6%)	6 (4.4%)	70 (41.7%)	98 (58.3%)	
Statewide (MO)****							
White	3,483 (63.5%)	1,998 (36.5%)	1,788 (97.7%)	43 (2.3%)	1,695 (46.4%)	1,955 (53.6%)	
Black	3,034 (63.2%)	1,770 (36.8%)	1,919 (94.7%)	108 (5.3%)	1,115 (40.2%)	1,662 (59.8%)	
Hispanic	240 (57.1%)	180 (42.9%)	149 (98.0%)	3 (2.0%)	91 (34.0%)	177 (66.0%)	
Other/Unk.	96 (61.1%)	61 (38.9%)	53 (93.0%)	4 (7.0%)	43 (43.0%)	57 (57.0%)	
Total	6,853 (63.1%)	4,009 (36.9%)	3,909 (96.1%)	158 (3.9%)	2,944 (43.3%)	3,851 (56.7%)	

*Includes all individual still living whose most recent diagnosis (i.e., HIV or AIDS) occurred in the region. Does not reflect the number of individuals currently living in the region.

**Evidence of a CD4+ T-lymphocyte or viral load laboratory test result or diagnosis with an opportunistic infection in the current year.

*** No evidence of a CD4+ T-lymphocyte or viral load laboratory test result or diagnosis with an opportunistic infection in the current year.

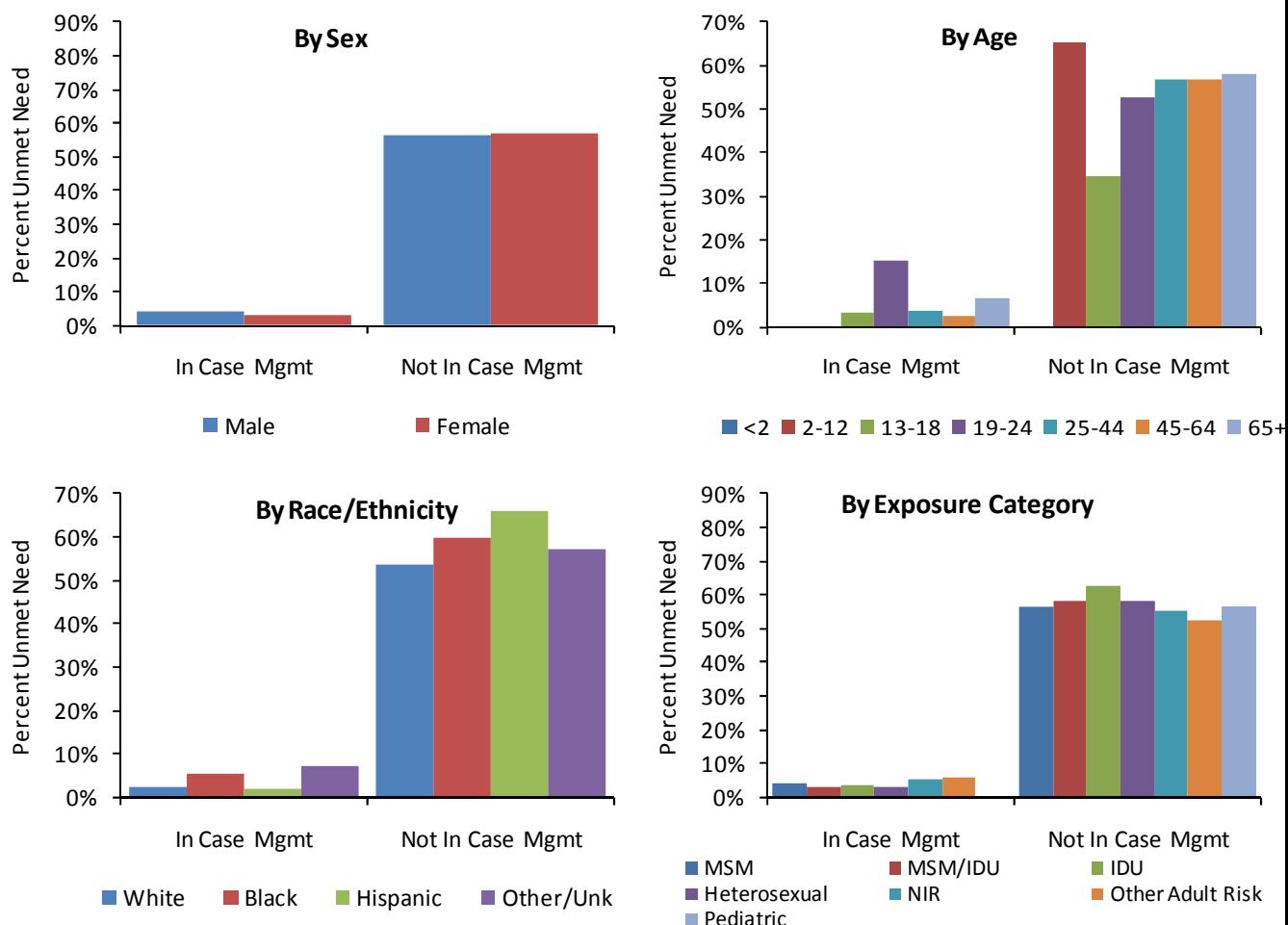
****Statewide figures includes living individuals whose most recent diagnosis occurred in a correctional facility or is unknown.

Of the 10,862 persons living with HIV at the end of 2010, 63% had evidence of met primary care medical needs (i.e., met need) in 2010 (Table 32). The primary care medical need was considered to be met if an individual had a CD4 lymphocyte or viral load laboratory test or diagnosis of an opportunistic infection in 2010 that was reported to MDHSS. There were differences in the proportion of individuals with met needs depending on whether the individual was enrolled in HIV medical case management in 2010. A significantly greater proportion of those enrolled in HIV medical case management had a met need (96%) in 2010 compared to those not enrolled (43%). Several factors may contribute to the differences observed. First, case management assists clients to locate and access medical care by referral. Second, case management clients receive health education and counseling to understand the nature of routine medical care. Third, case management assists clients in identifying appropriate payer sources to fund routine medical care. Finally, it is possible that those not enrolled in case management were less likely to be currently living in Missouri, and therefore indicators of primary medical care would not be reported to MDHSS. The data were presented based on individuals whose most recent diagnosis occurred in Missouri, not those known to be currently living in Missouri, as accurate data on current residence is difficult to collect.

There were differences in the proportion of individuals with a met need by HIV region. It is important to note that data presented by HIV region represent those who currently have a met need that were most recently diagnosed with HIV or AIDS in the selected HIV region. It does not necessarily reflect where individuals are currently living and receiving care. Overall, the proportion of individuals with a met need was greatest in the Southwest HIV region (70%), and lowest in the St. Louis HIV region (61%). The pattern was slightly different between the regions depending on whether individuals were enrolled in HIV medical case management. For those not enrolled in HIV medical case management, the proportion with a met need ranged from 39% in the St. Louis HIV region to 51% in the Northwest HIV region.

There were differences in the proportion of persons with a met need by race/ethnicity. Overall statewide, met need was lowest among Hispanics (57%) and similar for all other race/ethnicity categories presented. Within each region and depending on whether the individuals were enrolled in HIV medical case management, the patterns by race/ethnicity varied slightly. Among individuals not enrolled in case management, the proportion of blacks with a met need was lower in all HIV regions compared to whites, and the proportion of Hispanics with a met need was lower in all HIV regions compared to whites, except in the Southeast and Southwest HIV regions.

Figure 41. Percent of individuals living with HIV having an unmet* primary medical care need in 2010 by enrollment in HIV case management and selected characteristics



*No evidence of a CD4+ T-lymphocyte or viral load laboratory test result or diagnosis with an opportunistic infection in the current year.

Figure 41 examines the proportion of cases with unmet need depending on whether the individuals were enrolled in HIV medical case management for selected characteristics. There were no differences in the proportion of individuals with unmet needs between the sexes, regardless of whether enrolled in HIV medical case management. There were differences in the proportion of individuals with unmet needs by current age among those not enrolled in case management. Unmet need was greatest among children 2-12 years of age (65%). Those currently 13-18 years of age had the lowest proportion of unmet need. There were differences in the proportion of individuals with unmet needs by current age among those enrolled in case management. Unmet need was greatest among 19-24 year olds (15%). There were differences in the proportion of individuals with unmet needs by race/ethnicity among those not enrolled in case management, and among those enrolled in case management. Among those not enrolled in case management, unmet need was greatest among Hispanics (66%) and lowest among whites (54%). Among those enrolled in case management, unmet need was greatest among other races (7%). There were differences in the proportion of individuals with unmet need by exposure category among those not in case management, but there were no differences among those enrolled in case management. For individuals not enrolled in case management, unmet need was greatest among IDU (63%) and lowest among other adult risk category cases (52%).

Table 33 examines the proportion of cases reported with unmet need based on current status (i.e., HIV or AIDS) and selected characteristics. Overall, the proportion of those with an unmet need was greater for those classified as HIV cases compared to AIDS cases. The same trend was observed regardless of whether individuals were enrolled in HIV medical case management.

Table 33. Percent of individuals living with HIV having an unmet* primary medical care need in 2010 by current status, enrollment in HIV case management, and selected characteristics**

		Total Population		Enrolled in Case Management		Not Enrolled in Case Management	
		HIV Cases with AIDS Cases with Unmet Need* % (N)	AIDS Cases with Unmet Need* % (N)	HIV Cases with AIDS Cases with Unmet Need* % (N)	AIDS Cases with Unmet Need* % (N)	HIV Cases with AIDS Cases with Unmet Need* % (N)	AIDS Cases with Unmet Need* % (N)
Sex							
Male	48.8% (2,029)	28.8% (1,398)	6.6% (77)	2.6% (52)	65.2% (1,952)	47.5% (1,346)	
Female	40.1% (372)	22.5% (210)	3.9% (16)	2.7% (13)	68.5% (356)	43.9% (197)	
Race/Ethnicity							
White	44.0% (1,119)	29.9% (879)	3.2% (23)	1.8% (20)	60.1% (1,096)	47.0% (859)	
Black	50.5% (1,138)	24.8% (632)	8.6% (65)	3.4% (43)	71.9% (1,073)	45.8% (589)	
Hispanic	51.0% (101)	35.6% (79)	3.3% (2)	1.1% (1)	71.7% (99)	60.0% (78)	
Other/Unknown	50.6% (43)	25.0% (18)	11.5% (3)	3.2% (1)	67.8% (40)	41.5% (17)	
Current Age[‡]							
<2	0.0% (0)	-- (0)	-- (0)	-- (0)	0.0% (0)	0.0% (0)	-- (0)
2-12	53.3% (16)	50.0% (1)	0.0% (0)	0.0% (0)	64.0% (16)	100.0% (1)	
13-18	18.4% (7)	16.7% (3)	4.5% (1)	0.0% (0)	37.5% (6)	30.0% (3)	
19-24	39.3% (158)	10.8% (13)	20.3% (41)	2.6% (2)	58.5% (117)	25.6% (11)	
25-44	44.3% (1,097)	26.7% (587)	4.1% (34)	3.2% (32)	64.1% (1,063)	46.4% (555)	
45-64	51.8% (1,036)	28.7% (923)	2.8% (14)	2.1% (29)	68.2% (1,022)	47.9% (894)	
65+	66.9% (87)	36.0% (81)	17.6% (3)	3.4% (2)	74.3% (84)	47.3% (79)	
Exposure Category							
Men who have sex with men	46.8% (1,407)	29.0% (1,022)	6.6% (59)	2.4% (36)	63.9% (1,348)	48.1% (986)	
Men who have sex with men and inject drugs	41.5% (86)	29.5% (110)	1.2% (1)	3.5% (6)	68.5% (85)	51.7% (104)	
Injecting drug use	48.4% (121)	33.4% (133)	2.6% (2)	3.9% (7)	68.4% (119)	57.8% (126)	
Heterosexual contact	46.0% (320)	24.9% (199)	2.7% (7)	3.5% (13)	72.3% (313)	43.9% (186)	
No indicated risk (NIR)	51.4% (436)	19.7% (120)	10.6% (24)	0.7% (2)	66.2% (412)	34.7% (118)	
Other Adult Risk	53.3% (8)	34.8% (16)	0.0% (0)	7.7% (1)	72.7% (8)	45.5% (15)	
Pediatric	37.7% (23)	27.6% (8)	0.0% (0)	0.0% (0)	57.5% (23)	53.3% (8)	
Total	47.3% (2,401)	27.8% (1,608)	5.9% (93)	2.6% (65)	65.7% (2,308)	47.0% (1,543)	

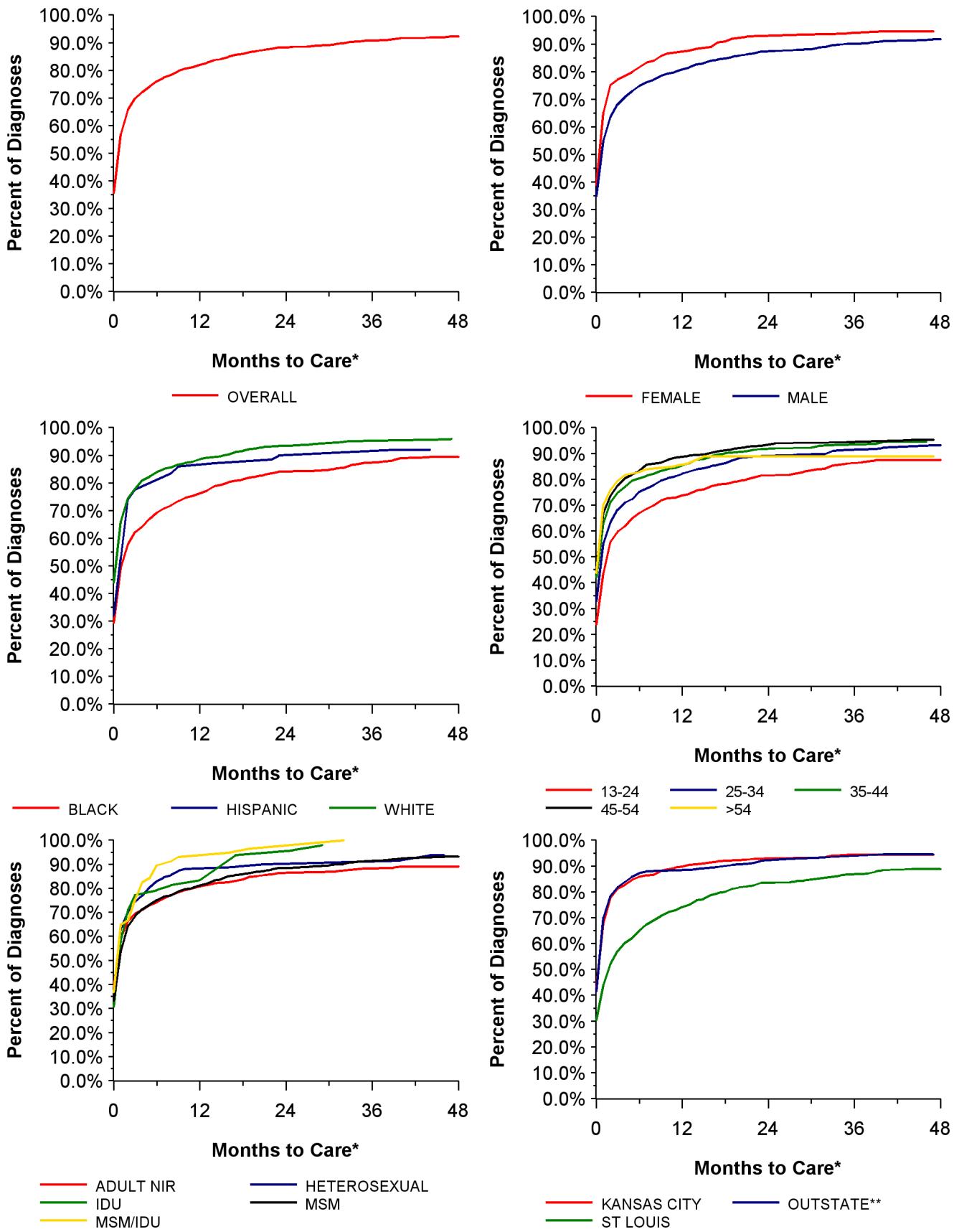
*No evidence of a CD4+ T-lymphocyte or viral load laboratory test result or diagnosis with an opportunistic infection in the current year.

**HIV case vs. AIDS case.

†Based on age as of December 31, 2010

Note: Rows with the percent marked '-' indicates that there were no living persons in the selected category.

Figure 42. Length of time in months to enter care* after initial HIV diagnosis among persons diagnosed between 2007 and 2009, by selected characteristics, Missouri



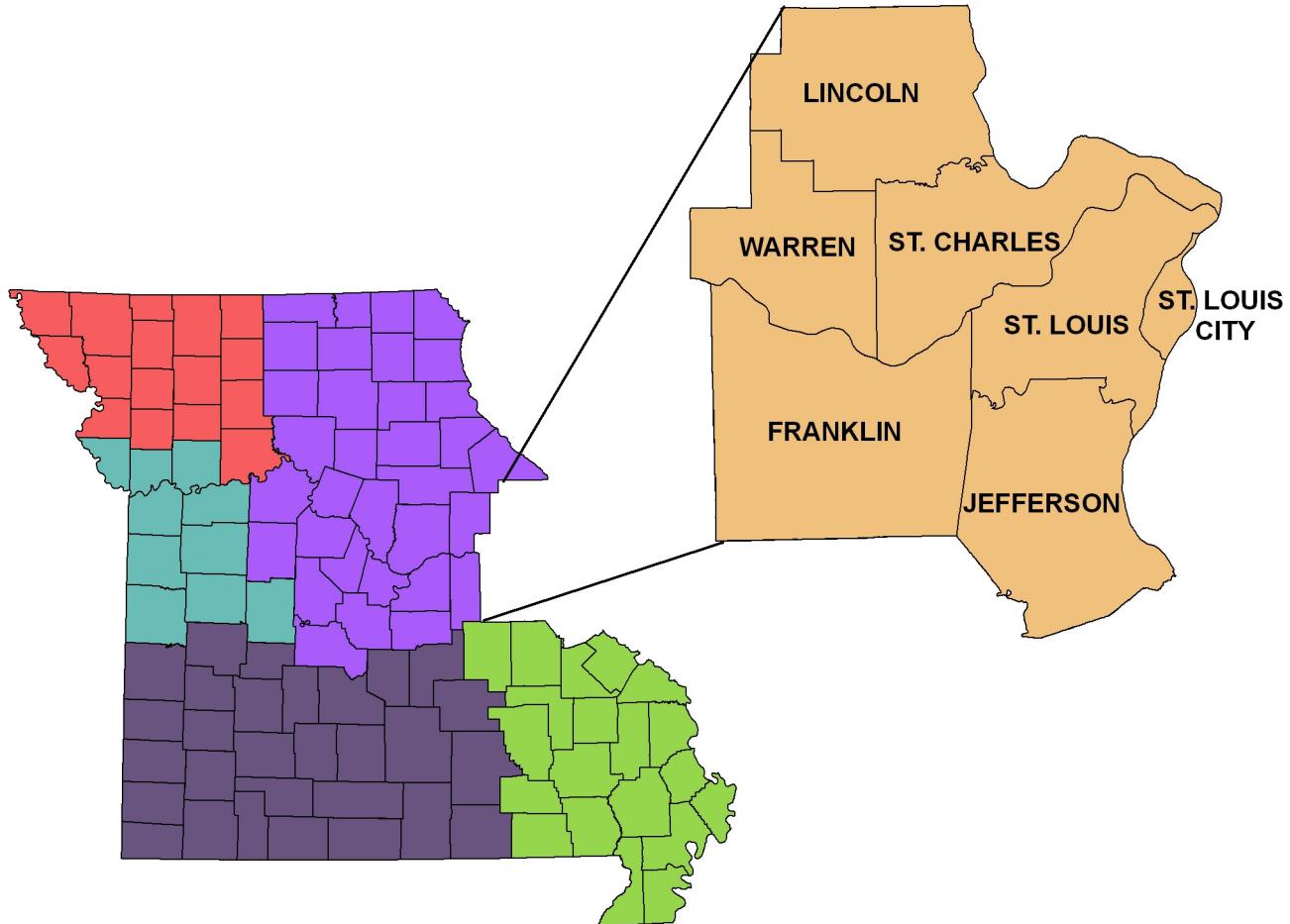
*Defined as first reported CD4 lymphocyte or viral load lab result reported to MDHSS.

**Outstate includes the North Central, Northwest, Southeast, and Southwest HIV regions.
Source: eHARS

Figure 42 examines the length of time until first entry into care among persons newly diagnosed with HIV disease between 2007 and 2009. Entry into care was measured as the receipt of a CD4 lymphocyte or viral load laboratory result by MDHSS. Overall by one year after diagnosis, 82% of persons recently diagnosed had entered care. Within four years of initial diagnosis, 92% had entered care. There were differences in the proportion of new diagnoses entering care between males and females. Over time the proportion of females who entered care remained higher than the proportion of males entering care. There were also difference in the proportion of new diagnoses entering care by race/ethnicity. Over time, a significantly lower proportion of blacks entered care compared to whites and Hispanics. At one year after diagnosis, only 76% of blacks had entered care, compared to 86% of Hispanics and 89% of whites. As the age of the individual at the time of diagnosis increased, the probability of entering care over time also increased. Of persons diagnosed between the ages of 13 and 24, only 74% entered care within one year of diagnosis, compared to 89% of persons 45-54 years of age at the time of diagnosis. There were not significant differences over time in likelihood to enter care by exposure category. Differences in entry to care following diagnosis varied by HIV region of diagnosis. Persons diagnosed in the St. Louis HIV region were significantly less likely to enter into care over time. At one year after diagnosis, 90% of persons diagnosed in Kansas City HIV region, 88% of persons diagnosed in Outstate, and 74% of persons diagnosed in the St. Louis HIV region entered care. Entry into care remained lower among those recently diagnosed in the St. Louis HIV region over time. These data can be used to target populations for outreach efforts to assist with entry into HIV medical care among persons recently diagnosed.

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ST. LOUIS REGION



Population Estimates, St. Louis HIV Region, 2009													
County	White		Black		Hispanic		Asian/Pacific Islander		Indian/Alaskan Native		Two or More Races		Total
Franklin County	97,488	96.3%	1,096	1.1%	1,162	1.1%	347	0.3%	257	0.3%	913	0.9%	101,263
Jefferson County	208,455	95.2%	2,730	1.2%	3,351	1.5%	1,658	0.8%	649	0.3%	2,203	1.0%	219,046
Lincoln County	50,124	94.0%	1,276	2.4%	979	1.8%	127	0.2%	156	0.3%	649	1.2%	53,311
St. Charles County	319,476	89.9%	14,907	4.2%	8,751	2.5%	7,059	2.0%	887	0.2%	4,287	1.2%	355,367
St. Louis County	705,563	71.1%	215,043	21.7%	23,946	2.4%	33,234	3.3%	2,223	0.2%	12,399	1.2%	992,408
St. Louis City	162,079	45.5%	170,433	47.8%	10,964	3.1%	7,524	2.1%	976	0.3%	4,611	1.3%	356,587
Warren County	29,378	93.3%	813	2.6%	776	2.5%	79	0.3%	119	0.4%	320	1.0%	31,485
Region Total	1,572,563	74.5%	406,298	19.3%	49,929	2.4%	50,028	2.4%	5,267	0.2%	25,382	1.2%	2,109,467

Epi Profiles Summary: St. Louis HIV Region

Figure 1. HIV disease cases (living and deceased), by current HIV vs. AIDS status, St. Louis HIV Region, 1982—2010

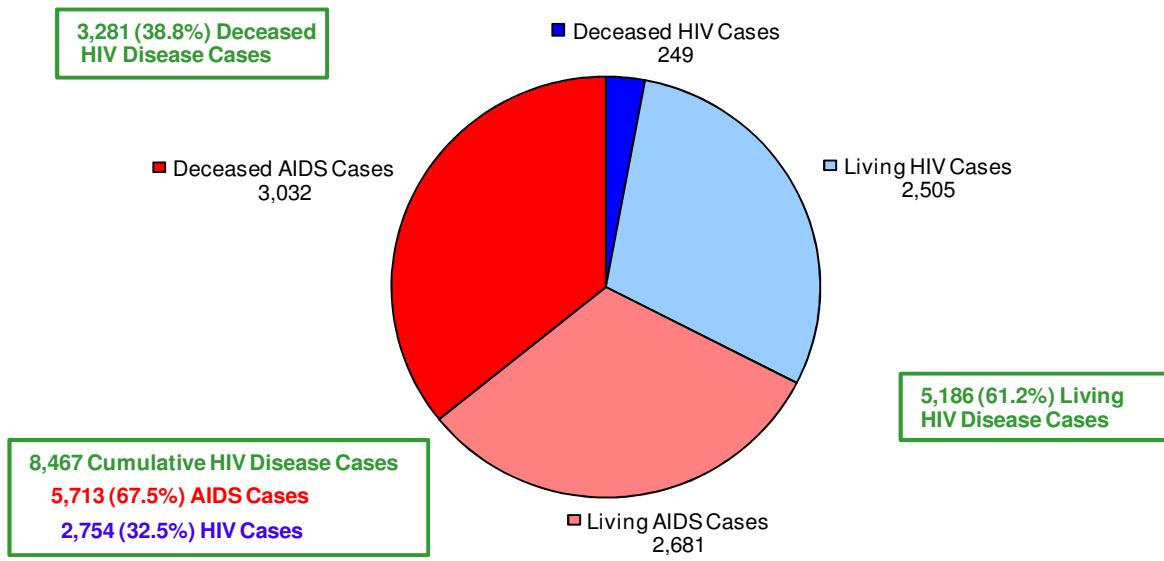
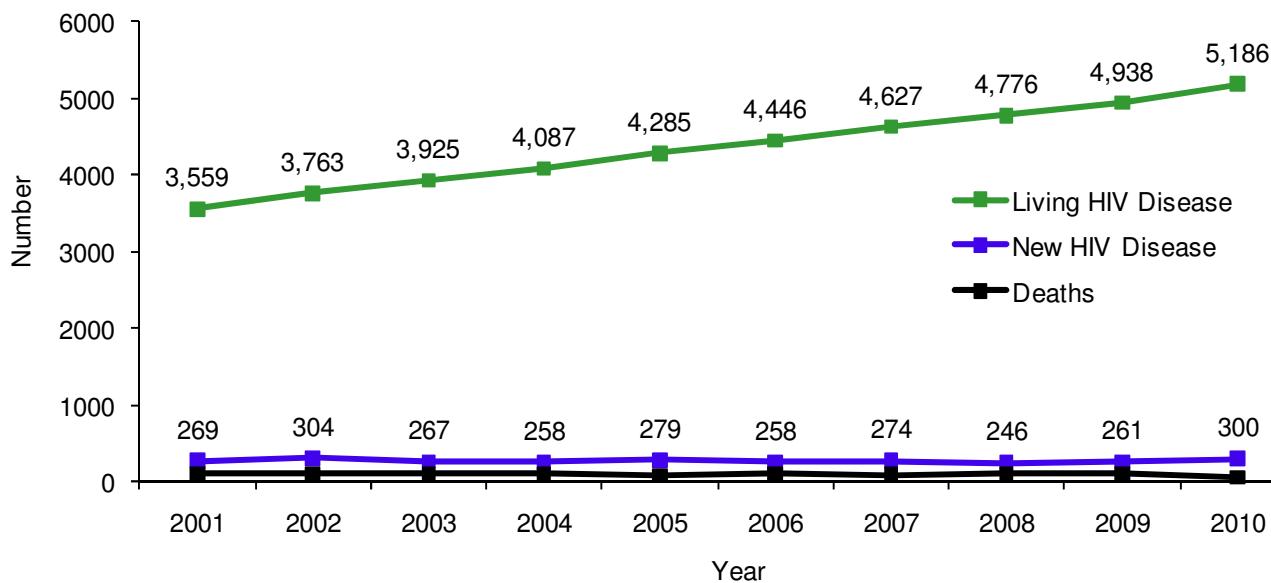


Figure 2. Living and new HIV disease cases and deaths by year*, St. Louis HIV Region, 2001—2010

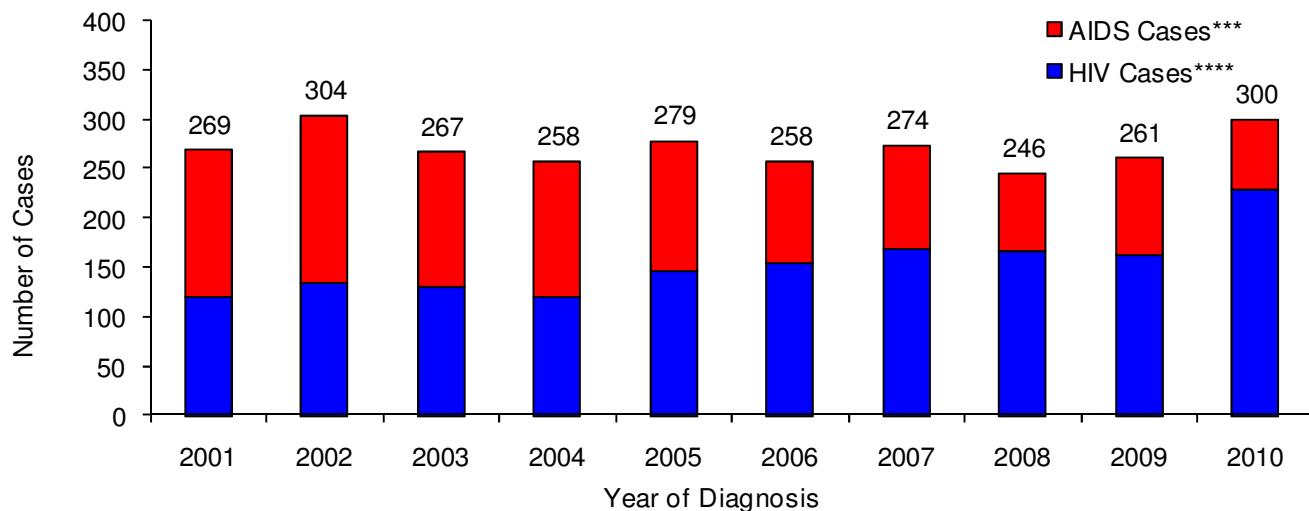


*For living HIV disease cases—the number of individuals living with HIV disease at the end of the year; For new HIV disease cases—the number of individuals newly diagnosed in the year; For HIV disease deaths—the number of individuals that died in the year.

From 1982 to 2010, there have been a total of 8,467 HIV disease cases diagnosed in the St. Louis HIV region and reported to MDHSS (Figure 1). Of the cumulative cases reported, 61% were still presumed to be living with HIV disease at the end of 2010. Among those living with HIV disease, 2,505 were classified as HIV cases at the end of 2010 and 2,681 were classified as AIDS cases.

At the end of 2010, there were 5,186 persons living with HIV disease whose most recent diagnosis occurred in the St. Louis region (Figure 2). The number of people living with HIV disease increased every year. There were 300 new HIV disease diagnoses in 2010. The number of new diagnoses has fluctuated slightly over time. The number of deaths among persons with HIV disease has remained generally steady.

Figure 3. HIV disease cases, by current status* and year of diagnosis, St. Louis HIV Region, 2001—2010**



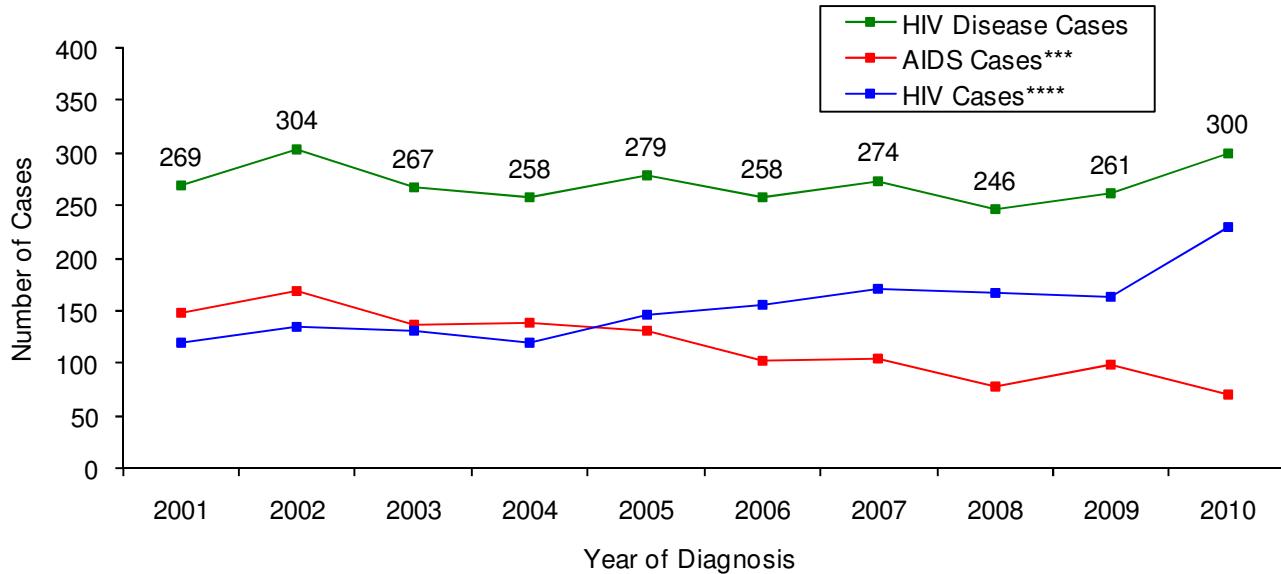
*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Figure 4. Reported HIV disease cases, by current status* and year of diagnosis, St. Louis HIV Region, 2001—2010**



*HIV case vs. AIDS case

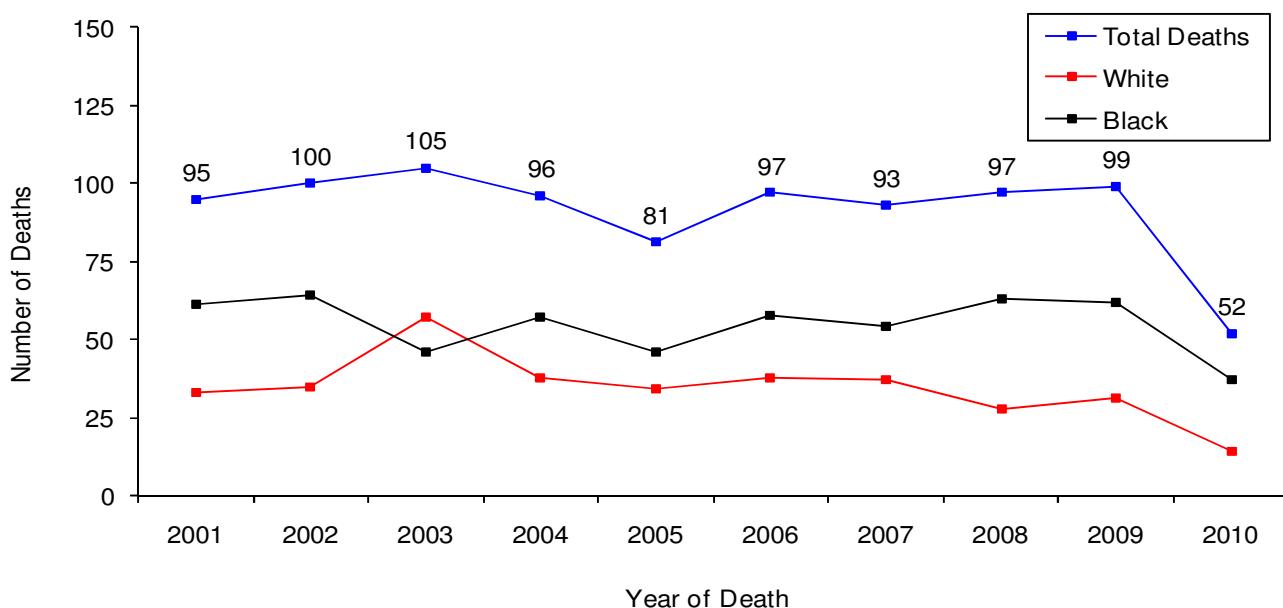
**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

The number of new diagnoses has remained fairly stable from 2001 to 2010, with increases observed in 2002 and 2010. Differences in the number of persons sub-classified as AIDS cases each year are due to the progression of the disease over time.

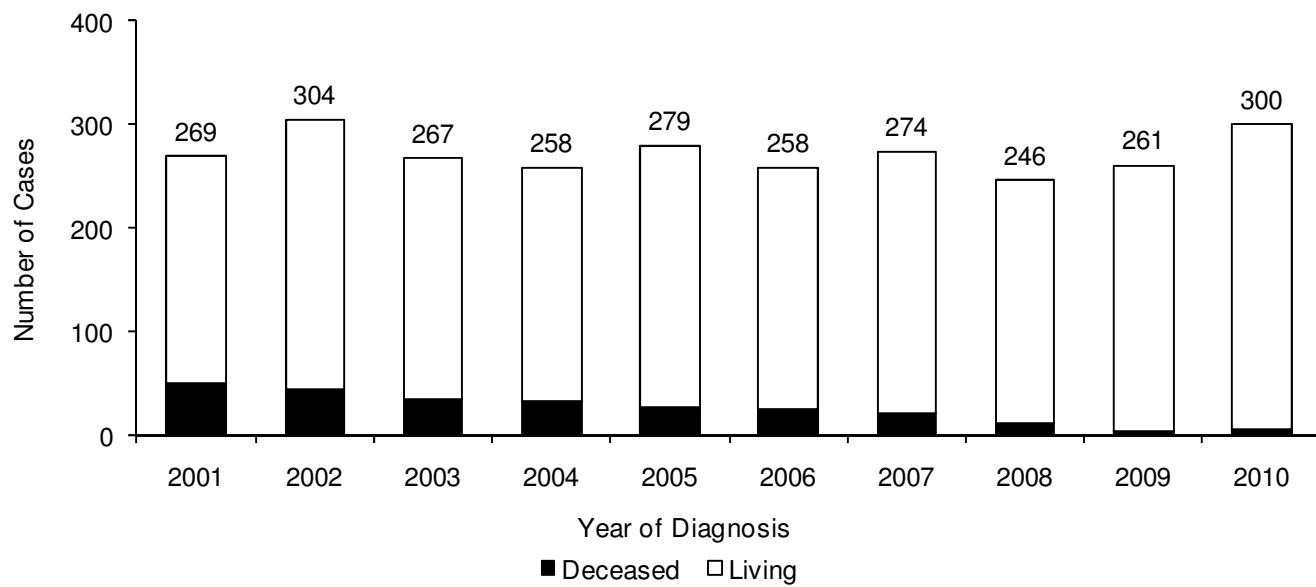
Figure 5. HIV disease deaths*, by selected race, by year of death, St. Louis HIV Region, 2001—2010[†]



*Includes deaths that have occurred among those diagnosed with HIV disease in the St. Louis HIV region.

[†]Only includes deaths through December 31, 2010, and reported by February 28, 2011.

Figure 6. Persons diagnosed with HIV disease by current vital status* and year of diagnosis, St. Louis HIV Region, 2001—2010**



*Vital status on December 31, 2010.

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

The number of deaths among persons with HIV disease was generally stable between 2001-2009 (Figure 5). The lower number of deaths in 2010 was likely due to delays in death reporting.

Of the 269 persons diagnosed with HIV disease in 2001, 50 (19%) were deceased by the end of 2010 (Figure 6). Among the 300 individuals first diagnosed in 2010, six (2%) were deceased at the end of 2010. The difference in the proportion of cases that are deceased is due to the length of time individuals have been living with the disease.

Table 1. Living[†] HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and by current age, St. Louis HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	2,038	81.4%	200.0	2,244	83.7%	220.2	4,282	82.6%	420.3
Female	467	18.6%	42.8	437	16.3%	40.1	904	17.4%	82.9
Total	2,505	100.0%	118.8	2,681	100.0%	127.1	5,186	100.0%	245.8
Race/Ethnicity									
White	1,066	42.6%	67.8	1,163	43.4%	74.0	2,229	43.0%	141.7
Black	1,323	52.8%	325.6	1,427	53.2%	351.2	2,750	53.0%	676.8
Hispanic	71	2.8%	142.2	61	2.3%	122.2	132	2.5%	264.4
Asian/Pacific Islander	16	0.6%	32.0	10	0.4%	20.0	26	0.5%	52.0
American Indian/Alaskan Native	2	0.1%	38.0	1	0.0%	19.0	3	0.1%	57.0
Two or More Races/Unknown	27	1.1%	--	19	0.7%	--	46	0.9%	--
Total	2,505	100.0%	118.8	2,681	100.0%	127.1	5,186	100.0%	245.8
Race/Ethnicity-Males									
White Male	966	47.4%	125.6	1,070	47.7%	139.1	2,036	47.5%	264.8
Black Male	983	48.2%	531.4	1,100	49.0%	594.6	2,083	48.6%	1126.0
Hispanic Male	52	2.6%	198.7	51	2.3%	194.9	103	2.4%	393.6
Asian/Pacific Islander Male	14	0.7%	59.0	6	0.3%	25.3	20	0.5%	84.2
American Indian/Alaskan Native Male	2	0.1%	76.4	1	0.0%	38.2	3	0.1%	114.6
Two or More Races/Unknown Male	21	1.0%	--	16	0.7%	--	37	0.9%	--
Total	2,038	100.0%	200.0	2,244	100.0%	220.2	4,282	100.0%	420.3
Race/Ethnicity-Females									
White Female	100	21.4%	12.4	93	21.3%	11.6	193	21.3%	24.0
Black Female	340	72.8%	153.6	327	74.8%	147.8	667	73.8%	301.4
Hispanic Female	19	4.1%	80.0	10	2.3%	42.1	29	3.2%	122.1
Asian/Pacific Islander Female	2	0.4%	7.6	4	0.9%	15.2	6	0.7%	22.8
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	6	1.3%	--	3	0.7%	--	9	1.0%	--
Total	467	100.0%	42.8	437	100.0%	40.1	904	100.0%	82.9
Current Age[‡]									
<2	1	0.0%	1.8	0	0.0%	0.0	1	0.0%	1.8
2-12	16	0.6%	5.3	1	0.0%	0.3	17	0.3%	5.7
13-18	24	1.0%	13.5	11	0.4%	6.2	35	0.7%	19.7
19-24	227	9.1%	143.8	58	2.2%	36.7	285	5.5%	180.6
25-44	1,187	47.4%	209.0	1,006	37.5%	177.1	2,193	42.3%	386.2
45-64	977	39.0%	169.0	1,482	55.3%	256.3	2,459	47.4%	425.3
65+	73	2.9%	26.9	123	4.6%	45.3	196	3.8%	72.2
Total	2,505	100.0%	118.8	2,681	100.0%	127.1	5,186	100.0%	245.8

[†]Includes persons diagnosed with HIV disease in the St. Louis HIV Region who are currently living, regardless of current residence.

*Cases which remained HIV cases at the end of 2010.

**Cases classified as AIDS by December 31, 2010.

***The sum of HIV cases and AIDS cases.

****Per 100,000 population based on 2009 MDHSS estimates.

[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and current age, St. Louis HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	186	81.2%	18.3	57	80.3%	5.6	243	81.0%	23.9
Female	43	18.8%	3.9	14	19.7%	1.3	57	19.0%	5.2
Total	229	100.0%	10.9	71	100.0%	3.4	300	100.0%	14.2
Race/Ethnicity									
White	63	27.5%	4.0	23	32.4%	1.5	86	28.7%	5.5
Black	155	67.7%	38.1	42	59.2%	10.3	197	65.7%	48.5
Hispanic	3	1.3%	6.0	6	8.5%	12.0	9	3.0%	18.0
Asian/Pacific Islander	4	1.7%	8.0	0	0.0%	0.0	4	1.3%	8.0
American Indian/Alaskan Native	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown	4	1.7%	--	0	0.0%	--	4	1.3%	--
Total	229	100.0%	10.9	71	100.0%	3.4	300	100.0%	14.2
Race/Ethnicity-Males									
White Male	62	33.3%	8.1	23	40.4%	3.0	85	35.0%	11.1
Black Male	117	62.9%	63.2	31	54.4%	16.8	148	60.9%	80.0
Hispanic Male	1	0.5%	3.8	3	5.3%	11.5	4	1.6%	15.3
Asian/Pacific Islander Male	4	2.2%	16.8	0	0.0%	0.0	4	1.6%	16.8
American Indian/Alaskan Native Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Male	2	1.1%	--	0	0.0%	--	2	0.8%	--
Total	186	100.0%	18.3	57	100.0%	5.6	243	100.0%	23.9
Race/Ethnicity-Females									
White Female	1	2.3%	0.1	0	0.0%	0.0	1	1.8%	0.1
Black Female	38	88.4%	17.2	11	78.6%	5.0	49	86.0%	22.1
Hispanic Female	2	4.7%	8.4	3	21.4%	12.6	5	8.8%	21.0
Asian/Pacific Islander Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	2	4.7%	--	0	0.0%	--	2	3.5%	--
Total	43	100.0%	3.9	14	100.0%	1.3	57	100.0%	5.2
Current Age‡									
<2	1	0.4%	1.8	0	0.0%	0.0	1	0.3%	1.8
2-12	1	0.4%	0.3	0	0.0%	0.0	1	0.3%	0.3
13-18	10	4.4%	5.6	3	4.2%	1.7	13	4.3%	7.3
19-24	70	30.6%	44.4	11	15.5%	7.0	81	27.0%	51.3
25-44	108	47.2%	19.0	29	40.8%	5.1	137	45.7%	24.1
45-64	38	16.6%	6.6	27	38.0%	4.7	65	21.7%	11.2
65+	1	0.4%	0.4	1	1.4%	0.4	2	0.7%	0.7
Total	229	100.0%	10.9	71	100.0%	3.4	300	100.0%	14.2

*HIV cases diagnosed during 2010 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2010.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases diagnosed prior to 2010 with HIV, which progressed to AIDS in 2010.

****Per 100,000 population based on 2009 MDHSS estimates.

†Based on age as of December 31, 2010.

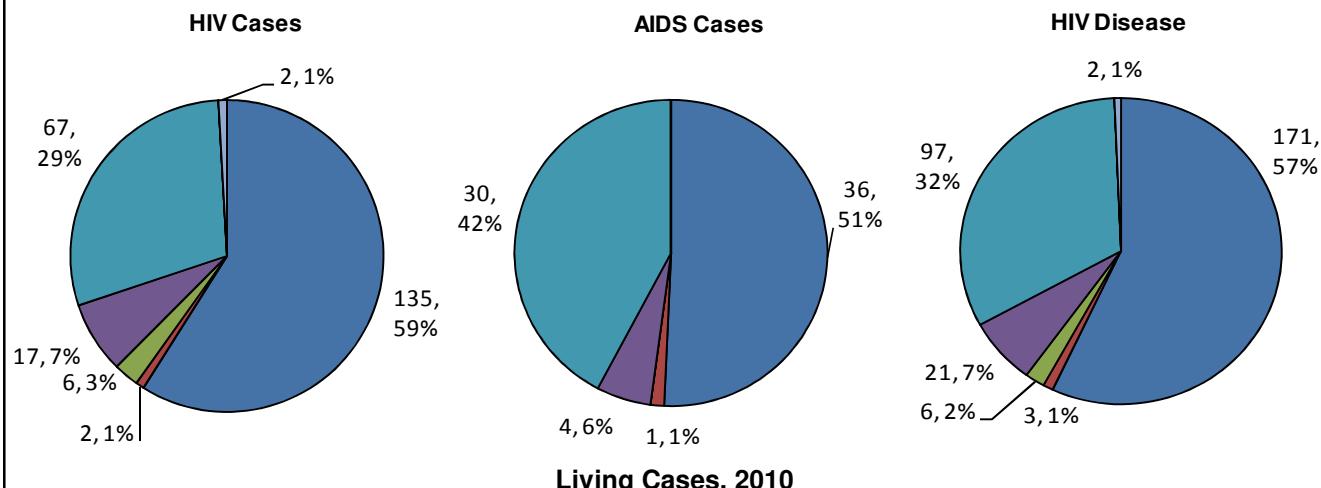
Note: Percentages may not total due to rounding.

Of the 5,186 persons living with HIV disease at the end of 2010, 83% were males (Table 1). The rate of those living with HIV disease was 5.1 times greater among males than females. Blacks represented the largest number of persons living with HIV disease in the St. Louis HIV region. In contrast, whites represented the largest number of persons living with HIV disease in all other HIV regions. The rate of persons living with HIV disease was 4.8 times greater among blacks than whites. The rate was 1.9 times greater among Hispanics than whites. Among males, the rate of individuals living with HIV disease was 4.3 times greater for blacks than whites, and 1.5 times greater for Hispanics than whites. Among females, the rate of those living with HIV disease was 12.6 times greater among blacks than whites, and 5.1 times greater among Hispanics than whites.

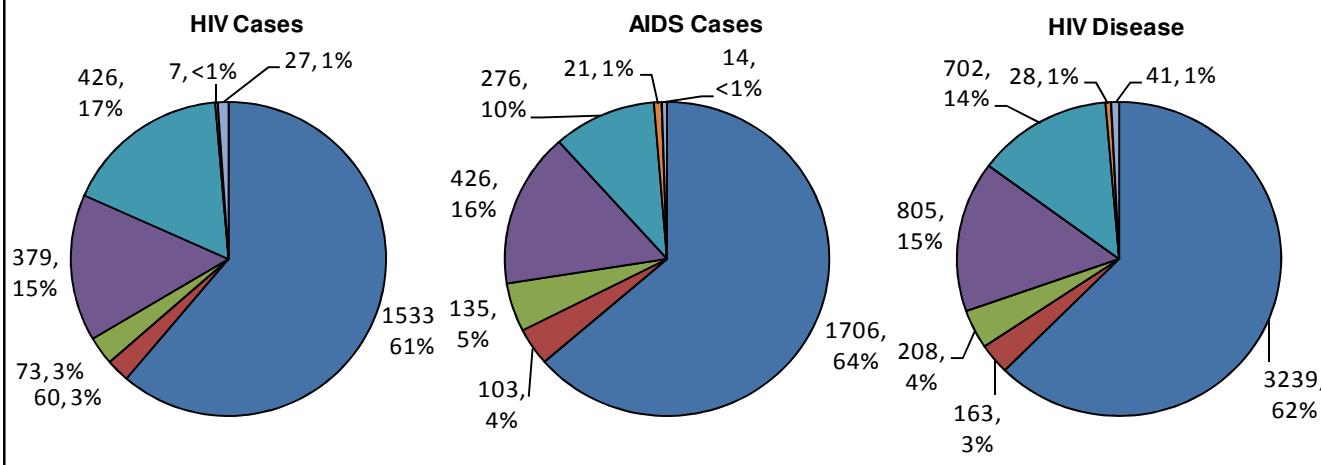
Of the 300 persons newly diagnosed with HIV disease in 2010, 24% were classified as AIDS cases by the end of 2010 (Table 2). The rate of new HIV disease diagnoses was 4.6 times greater in males than females. The rate of new HIV disease cases was 8.8 times greater among blacks than whites, and 3.3 times greater among Hispanics than whites. The disproportionate impact of HIV disease on minorities appears to be greater for new diagnoses compared to those currently living with the disease in the St. Louis HIV region.

Figure 7. Diagnosed and living HIV, AIDS, and HIV disease cases by exposure category, St. Louis HIV Region, 2010

New Diagnoses, 2010



Living Cases, 2010



■ MSM ■ MSM/IDU ■ IDU ■ Heterosexual Contact ■ No Indicated Risk ■ Other risk ■ Pediatric risk

Among all categories, the largest proportion of cases with a known risk was attributed to MSM (Figure 7). The large proportion of cases with no indicated risk made trends difficult to interpret for all categories. The surveillance program examined methods to improve the identification and reporting of exposure category information.

Epi Profiles Summary: St. Louis HIV Region

Table 3. New and living HIV and AIDS cases and rates, by geographic area, St. Louis HIV Region, 2010

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2010*			Living			Diagnosed 2010**			Living		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
St. Louis City	112	48.9%	31.4	1,471	58.7%	412.5	34	47.9%	9.5	1,619	60.4%	454.0
St. Louis County	95	41.5%	9.6	833	33.3%	83.9	32	45.1%	3.2	866	32.3%	87.3
St. Charles County	12	5.2%	3.4	103	4.1%	29.0	3	4.2%	0.8	91	3.4%	25.6
Remainder of Region	10	4.4%	2.5	98	3.9%	24.2	2	2.8%	0.5	105	3.9%	25.9
ST LOUIS HIV REGION TOTAL	229	100.0%	10.9	2,505	100.0%	118.8	71	100.0%	3.4	2,681	100.0%	127.1

*HIV cases diagnosed and reported to the Department during 2010 which remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
***Per 100,000 population based on 2009 MDHSS estimates.
Note: Percentages may not total due to rounding.

Table 4. Diagnosed HIV cases and rates, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2010

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total**		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*
St. Louis City	32	28.6%	19.7	73	65.2%	42.8	2	1.8%	18.2	112	100.0%	31.4
St. Louis County	17	17.9%	2.4	75	78.9%	34.9	1	1.1%	4.2	95	100.0%	9.6
St. Charles County	8	66.7%	2.5	3	25.0%	20.1	0	0.0%	0.0	12	100.0%	3.4
Remainder of Region	6	60.0%	1.6	4	40.0%	67.6	0	0.0%	0.0	10	100.0%	2.5
ST LOUIS HIV REGION TOTAL	63	27.5%	4.0	155	67.7%	38.1	3	0.0%	6.0	229	100.0%	10.9

*Per 100,000 population based on 2009 MDHSS estimates.
**Includes cases in persons whose race/ethnicity is either unknown or not listed.
Note: Row percentages are shown. Percentages may not total due to rounding.

Table 5. Diagnosed AIDS cases and rates, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2010

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total**		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*
St. Louis City	11	32.4%	6.8	23	67.6%	13.5	0	0.0%	0.0	34	100.0%	9.5
St. Louis County	9	28.1%	1.3	19	59.4%	8.8	4	12.5%	16.7	32	100.0%	3.2
St. Charles County	1	33.3%	0.3	0	0.0%	0.0	2	66.7%	22.9	3	100.0%	0.8
Remainder of Region	2	100.0%	0.5	0	0.0%	0.0	0	0.0%	0.0	2	100.0%	0.5
ST LOUIS HIV REGION TOTAL	23	32.4%	1.5	42	59.2%	10.3	6	8.5%	12.0	71	100.0%	3.4

*Per 100,000 population based on 2009 MDHSS estimates.
**Includes cases in persons whose race/ethnicity is either unknown or not listed.
Note: Row percentages are shown. Percentages may not total due to rounding.

The rates of new diagnoses and living cases were higher in St. Louis City compared to other areas in the St. Louis HIV region (Table 3).

There were differences in the proportion of new HIV cases diagnosed by race/ethnicity among the geographic areas (Table 4). Greater proportions of the new HIV cases diagnosed in St. Louis City and St. Louis County were black compared to St. Charles County and the remainder of the HIV region.

There were also differences in the proportion of new AIDS cases diagnosed by race/ethnicity among the geographic areas (Table 5). There were no new AIDS cases diagnosed among blacks in the St. Louis HIV region outside of St. Louis City and to St. Louis County.

Table 6. Newly diagnosed and living HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, St. Louis HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
Cases	%	Cases	%	Cases	%	Cases	%	
White	47	34.8%	784	51.1%	18	50.0%	898	52.6%
Black	84	62.2%	680	44.4%	16	44.4%	752	44.1%
Hispanic	1	0.7%	43	2.8%	2	5.6%	38	2.2%
Other/Unknown	3	2.2%	26	1.7%	0	0.0%	18	1.1%
ST LOUIS HIV REGION TOTAL	135	100.0%	1,533	100.0%	36	100.0%	1,706	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 7. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by current age group, St. Louis HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
13-18	0	0.0%	15	1.0%	0	0.0%	16	0.5%
19-24	27	1.6%	149	10.4%	2	2.5%	183	5.6%
25-44	561	33.4%	670	46.8%	48	59.3%	1,297	40.0%
45-64	998	59.3%	573	40.0%	29	35.8%	1,620	50.0%
65+	96	5.7%	25	1.7%	2	2.5%	123	3.8%
ST LOUIS HIV REGION TOTAL	1,682	100.0%	1,432	100.0%	81	100.0%	3,239	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 8. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	996	50.5%	908	46.0%	38	1.9%	1,973	60.9%
St. Louis County	495	47.4%	499	47.8%	40	3.8%	1,045	32.3%
St. Charles County	97	82.9%	16	13.7%	2	1.7%	117	3.6%
Remaining Counties	94	90.4%	9	8.7%	1	1.0%	104	3.2%
ST LOUIS HIV REGION TOTAL	1,682	51.9%	1,432	44.2%	81	2.5%	3,239	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

There were a total of 171 new HIV disease diagnoses attributed to men who have sex with men (MSM) in 2010 for the St. Louis HIV region (Table 6). Blacks represented the greatest proportion of new HIV cases and whites the greatest proportion of new AIDS cases diagnosed in 2010 among MSM. Of the newly diagnosed cases among MSM, 21% progressed to AIDS by the end of 2010. Among MSM living with HIV disease, whites represented the largest proportion of living HIV and AIDS cases.

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM (Table 7). Among white MSM living with HIV disease, the majority (59%) were between 45-64 years of age at the end of 2010. In contrast, the greatest proportions of black (47%) and Hispanic (59%) MSM living with HIV disease were between 25-44 years of age.

There were differences in the distribution of persons living with HIV disease by race/ethnicity among the geographic areas for MSM (Table 8). Black MSM comprised a larger proportion of persons living with HIV disease in St. Louis City and St. Louis County compared to other areas.

Epi Profiles Summary: St. Louis HIV Region

Table 9. Newly diagnosed and living HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, St. Louis HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	2	100.0%	27	45.0%	1	100.0%	54	52.4%
Black	0	0.0%	29	48.3%	0	0.0%	49	47.6%
Hispanic	0	0.0%	3	5.0%	0	0.0%	0	0.0%
Other/Unknown	0	0.0%	1	1.7%	0	0.0%	0	0.0%
ST LOUIS HIV REGION TOTAL	2	100.0%	60	100.0%	1	100.0%	103	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 10. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by current age group, St. Louis HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	1	1.2%	1	1.3%	1	33.3%	3	1.8%
25-44	23	28.4%	25	32.1%	2	66.7%	50	30.7%
45-64	52	64.2%	49	62.8%	0	0.0%	102	62.6%
65+	5	6.2%	3	3.8%	0	0.0%	8	4.9%
ST LOUIS HIV REGION TOTAL	81	100.0%	78	100.0%	3	100.0%	163	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 11. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	42	40.8%	58	56.3%	2	1.9%	103	63.2%
St. Louis County	29	60.4%	19	39.6%	0	0.0%	48	29.4%
St. Charles County	6	75.0%	1	12.5%	1	12.5%	8	4.9%
Remaining Counties	4	100.0%	0	0.0%	0	0.0%	4	2.5%
ST LOUIS HIV REGION TOTAL	81	49.7%	78	47.9%	3	1.8%	163	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

There were a total of three new HIV disease diagnoses attributed to men who have sex with men and inject drugs (MSM/IDU) in 2010 for the St. Louis HIV region (Table 9). There were 163 living HIV disease cases attributed to MSM/IDU at the end of 2010 in the St. Louis HIV region. The number of living HIV and AIDS cases among MSM/IDU was similar for blacks and whites.

The majority of persons living with HIV disease among both white and black MSM/IDU were 45-64 years old at the end of 2010 (Table 10).

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for MSM/IDU (Table 11). Black MSM/IDU comprised a larger proportion of living cases in St. Louis City and St. Louis County compared to other areas.

Table 12. Newly diagnosed and living HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, St. Louis HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	17	23.3%	0	--	21	15.6%
Black Male	4	66.7%	28	38.4%	0	--	62	45.9%
Hispanic Male	0	0.0%	0	0.0%	0	--	2	1.5%
White Female	0	0.0%	13	17.8%	0	--	16	11.9%
Black Female	2	33.3%	14	19.2%	0	--	32	23.7%
Hispanic Female	0	0.0%	0	0.0%	0	--	1	0.7%
ST LOUIS HIV REGION TOTAL[†]	6	100.0%	73	100.0%	0	--	135	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 13. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by current age group, St. Louis HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-44	14	36.8%	19	21.1%	12	41.4%	18	39.1%	65	31.3%
45-64	23	60.5%	66	73.3%	17	58.6%	26	56.5%	134	64.4%
65+	1	2.6%	5	5.6%	0	0.0%	2	4.3%	9	4.3%
ST LOUIS HIV REGION TOTAL	38	100.0%	90	100.0%	29	100.0%	46	100.0%	208	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 14. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	18	13.7%	110	84.0%	2	1.5%	131	63.0%
St. Louis County	21	42.9%	26	53.1%	1	2.0%	49	23.6%
St. Charles County	10	100.0%	0	0.0%	0	0.0%	10	4.8%
Remaining Counties	18	100.0%	0	0.0%	0	0.0%	18	8.7%
ST LOUIS HIV REGION TOTAL	67	32.2%	136	65.4%	3	1.4%	208	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

There were a total of six new HIV disease diagnoses attributed to injecting drug users (IDU) in 2010 for the St. Louis HIV region (Table 12). All new cases remained sub-categorized as HIV cases at the end of 2010. There were 208 persons living with HIV disease attributed to IDU at the end of 2010 in the St. Louis HIV region. Black males represented the largest proportion of living HIV and AIDS cases.

At the end of 2010, the greatest proportions of IDU cases living with HIV disease were between 45-64 years of age for all race/ethnicity categories (Table 13).

There were differences in the distribution of individuals living with HIV disease by race/ethnicity among the geographic areas for IDU (Table 14). St. Louis City had the largest proportion of black IDU living with HIV disease (84%). St. Louis County had the second largest proportion of black IDU living with HIV disease (53%).

Epi Profiles Summary: St. Louis HIV Region

Table 15. Newly diagnosed and living HIV and AIDS cases in heterosexual contacts, by selected race/ethnicity and sex, St. Louis HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	24	6.3%	0	0.0%	22	5.2%
Black Male	3	17.6%	66	17.4%	0	0.0%	92	21.6%
Hispanic Male	0	0.0%	1	0.3%	0	0.0%	3	0.7%
White Female	1	5.9%	65	17.2%	0	0.0%	64	15.0%
Black Female	10	58.8%	207	54.6%	2	50.0%	233	54.7%
Hispanic Female	1	5.9%	9	2.4%	2	50.0%	7	1.6%
ST LOUIS HIV REGION TOTAL†	17	100.0%	379	100.0%	4	100.0%	426	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 16. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity and sex, by current age group, St. Louis HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	2	0.5%	2	0.2%
19-24	0	0.0%	7	4.4%	1	0.8%	15	3.4%	24	3.0%
25-44	6	13.0%	69	43.7%	64	49.6%	279	63.4%	436	54.2%
45-64	33	71.7%	70	44.3%	58	45.0%	136	30.9%	307	38.1%
65+	7	15.2%	12	7.6%	6	4.7%	8	1.8%	36	4.5%
ST LOUIS HIV REGION TOTAL	46	100.0%	158	100.0%	129	100.0%	440	100.0%	805	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 17. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity, by geographic area, St. Louis HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
St. Louis City	69	14.5%	392	82.4%	11	2.3%	476	59.1%
St. Louis County	64	23.5%	195	71.7%	7	2.6%	272	33.8%
St. Charles County	13	59.1%	6	27.3%	1	4.5%	22	2.7%
Remaining Counties	29	82.9%	5	14.3%	1	2.9%	35	4.3%
ST LOUIS HIV REGION TOTAL	175	21.7%	598	74.3%	20	2.5%	805	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

There were a total of 21 new HIV disease diagnoses attributed to heterosexual contact in 2010 for the St. Louis HIV region (Table 15). Eighty-six percent of the newly diagnosed persons were females. There were 805 persons living with HIV disease attributed to heterosexual contact at the end of 2010 in the St. Louis HIV region. Black females represented the largest proportion of both living HIV and AIDS cases among heterosexual contact cases.

At the end of 2010, the greatest proportions of heterosexual contact cases living with HIV disease were between 25-44 years of age for white females and black females (Table 16). Among white males, the greatest proportion of individuals living with HIV disease was between 45-64 years of age. Among black males, nearly an equal number of individuals living with HIV were between 25-44 and 45-64 years of age.

There were differences in the distribution of individuals living with HIV disease by race/ethnicity among the geographic areas for heterosexual contact cases (Table 17). Black heterosexual contact cases comprised a larger proportion of living cases in St. Louis City and St. Louis County compared to other areas.

Table 18. Newly diagnosed and living HIV and AIDS cases with exposure category assignments for St. Louis HIV Region, 2010

Exposure category	HIV cases				AIDS cases			
	2010*		Living		2010**		Living	
Adult/Adolescent								
Men who have sex with men	174	76.7%	1,784	72.0%	56	78.9%	1,873	70.2%
Men who have sex with men and inject drugs	3	1.3%	70	2.8%	1	1.4%	113	4.2%
Injecting drug use	11	4.8%	92	3.7%	0	0.0%	155	5.8%
Heterosexual contact	39	17.2%	524	21.1%	14	19.7%	504	18.9%
Hemophilia/coagulation disorder	0	0.0%	6	0.2%	0	0.0%	21	0.8%
Blood transfusion or tissue recipient	0	0.0%	1	0.0%	0	0.0%	1	0.0%
No indicated risk (NIR)	----	-----	----	-----	----	-----	----	-----
ADULT/ADOLESCENT SUBTOTAL	227	100.0%	2,478	† 100.0%	71	100.0%	2,667	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	2	100.0%	27	100.0%	0	0.0%	14	100.0%
TOTAL	229		2,505		71		2,681	

*HIV cases reported during 2010 which remained HIV cases at the end of the year.

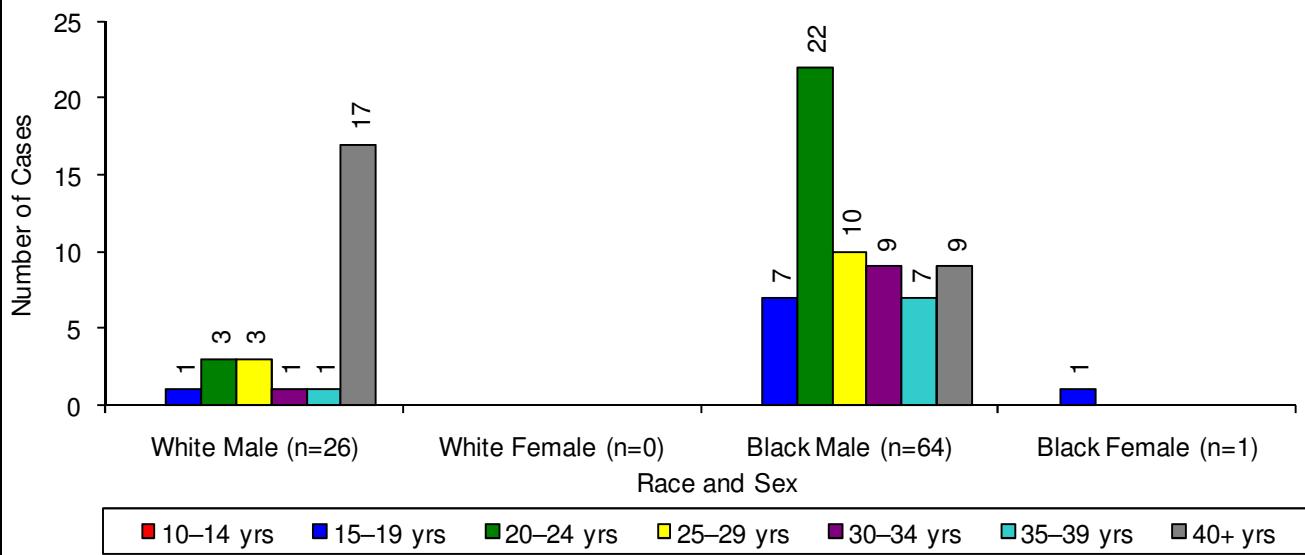
**Does not include HIV cases that progressed to AIDS.

†Includes 1 case with a confirmed "other" exposure category.

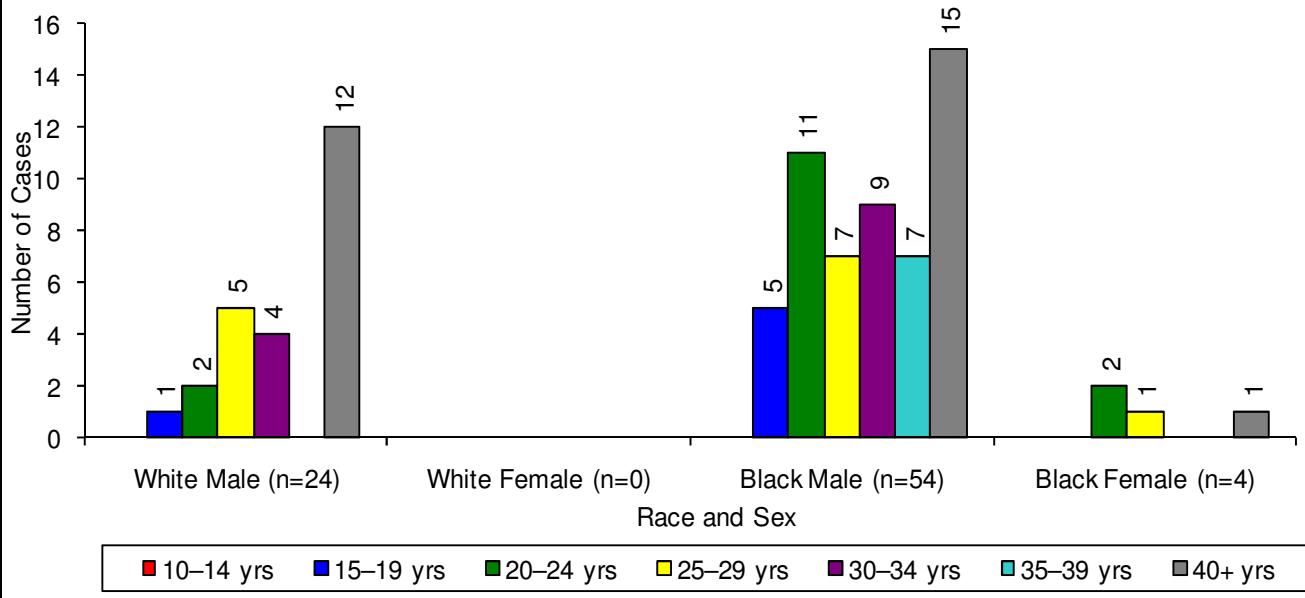
Note: Percentages may not total due to rounding.

The data in Table 18 have been adjusted to proportionately re-distribute individuals with no indicated risk factor based on sex and race/ethnicity to known exposure categories. These data do not reflect the true counts of persons reported in each exposure category. Among both new and living HIV and AIDS cases, MSM represented the greatest proportion of cases. The proportion of diagnoses attributed to MSM was greater for new HIV case diagnoses compared to the proportion among living HIV cases. Two new HIV case diagnoses were reported among children less than 13 years of age in 2010 in the St. Louis HIV region.

**Figure 8. Reported P&S syphilis cases, by race and sex, by age group at diagnosis,
St. Louis HIV Region, 2010**



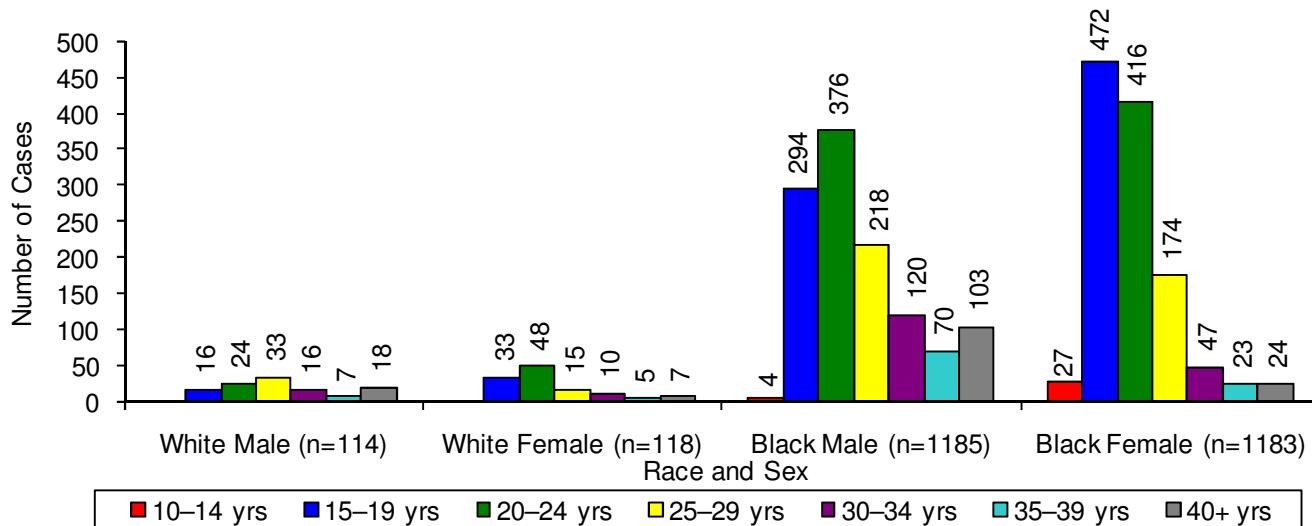
**Figure 9. Reported early latent syphilis cases, by race and sex, by age group at diagnosis,
St. Louis HIV Region, 2010**



The largest number of P&S syphilis cases was reported among black males (64), followed by white males (26) (Figure 8). The number of reported cases increased from 2009 to 2010 among black and white males and decreased among white and black females. There were differences in the distribution of reported cases by age at diagnosis among the race/ethnicity and sex categories. A greater proportion of diagnoses was 40 or more years old (65%) among white males compared to the other race/ethnicity and sex categories presented.

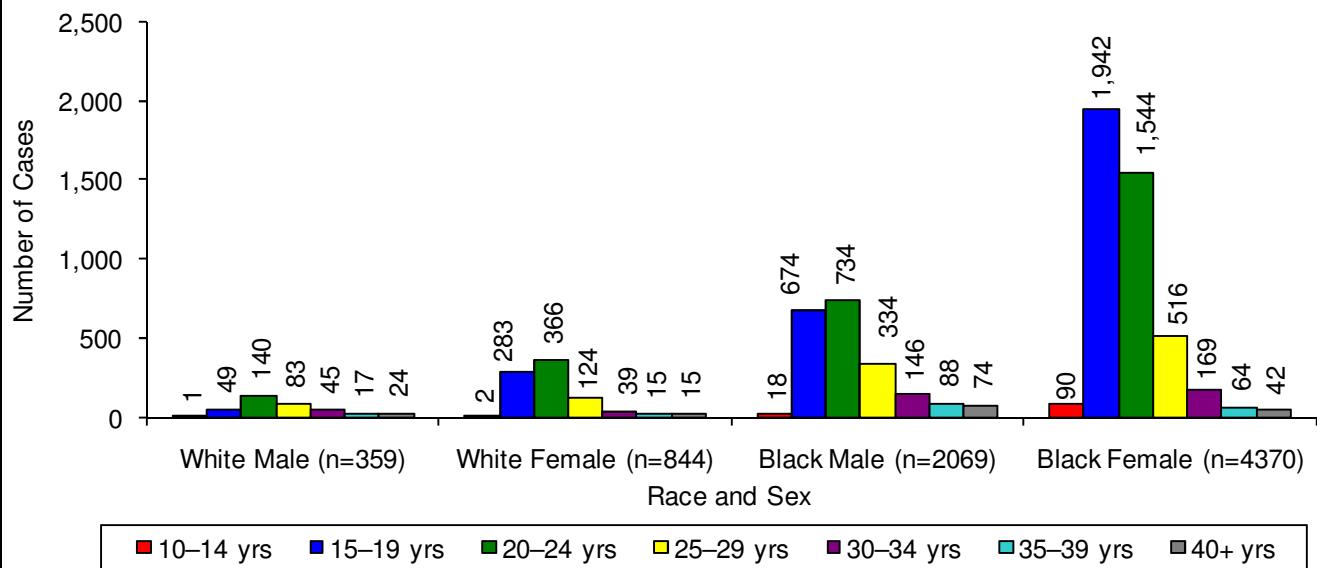
The largest number of early latent syphilis cases was reported among black males (54), followed by white males (24) (Figure 9). The number of reported early latent syphilis cases increased from 2009 to 2010 among white males (20 to 24) and black males (48 to 54), and decreased among black females (5 to 4) and white females (1 to 0). Among white males and black males, individuals 40 or more years of age represented the largest number of cases.

**Figure 10. Reported gonorrhea cases, by race and sex, by age group at diagnosis,
St. Louis HIV Region, 2010**



Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

**Figure 11. Reported chlamydia cases, by race and sex, by age group at diagnosis,
St. Louis HIV Region, 2010**

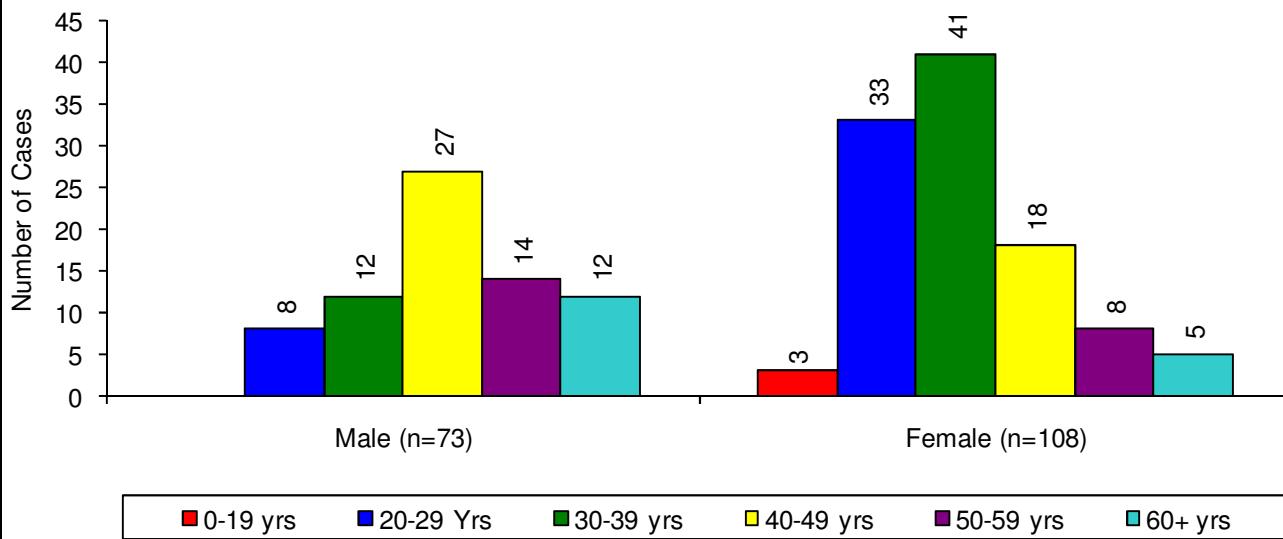


Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

The largest number of gonorrhea cases was reported among black males (1,185), followed by black females (1,183) (Figure 10). The number of reported cases increased from 2009 to 2010 among all race/ethnicity and sex categories presented. Among black females, the largest numbers of gonorrhea cases were reported among those 15-19 years of age. The largest number of cases was diagnosed between 20-24 years of age among white females and black males. Among white males, individuals 25-29 years of age represented the largest number of reported cases.

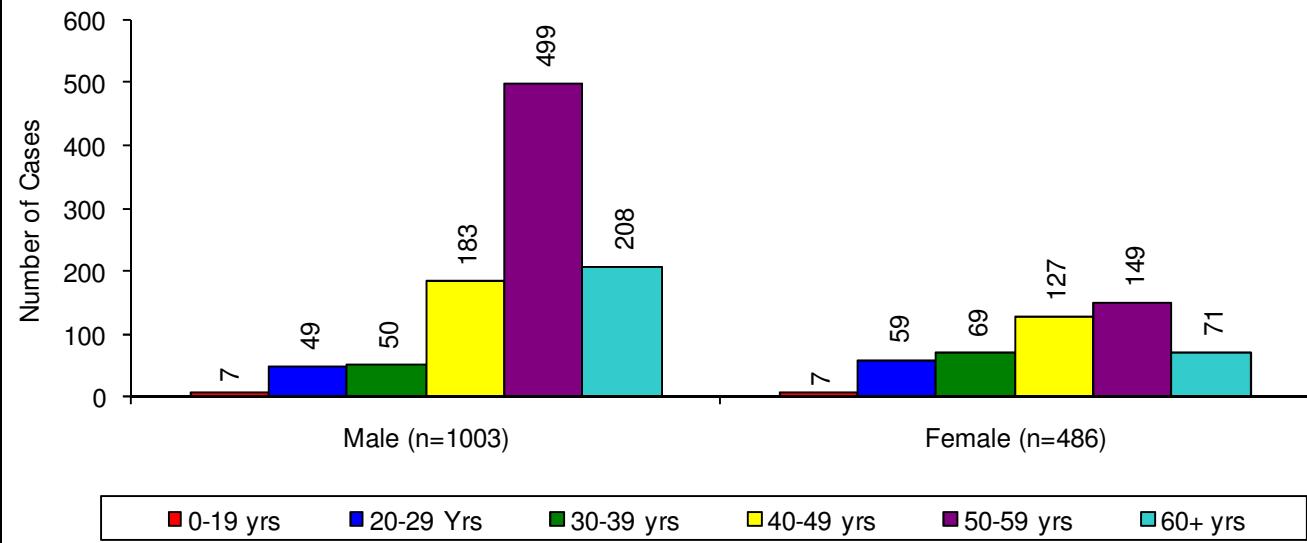
The largest number of chlamydia cases was reported among black females (4,370), followed by black males (2,069). The number of reported chlamydia cases increased from 2009 to 2010 among black males and black females. Among black females, individuals 15-19 years of age represented the largest number of reported cases. For all other race/ethnicity and sex categories presented, 20-24 years olds represented the largest number of reported cases.

**Figure 12. Reported Hepatitis B cases, by sex and by age group at diagnosis,
St. Louis HIV Region, 2010**



Note: Totals include persons whose age at diagnosis is unknown.

**Figure 13. Reported Hepatitis C cases, by sex and by age group at diagnosis,
St. Louis HIV Region, 2010**



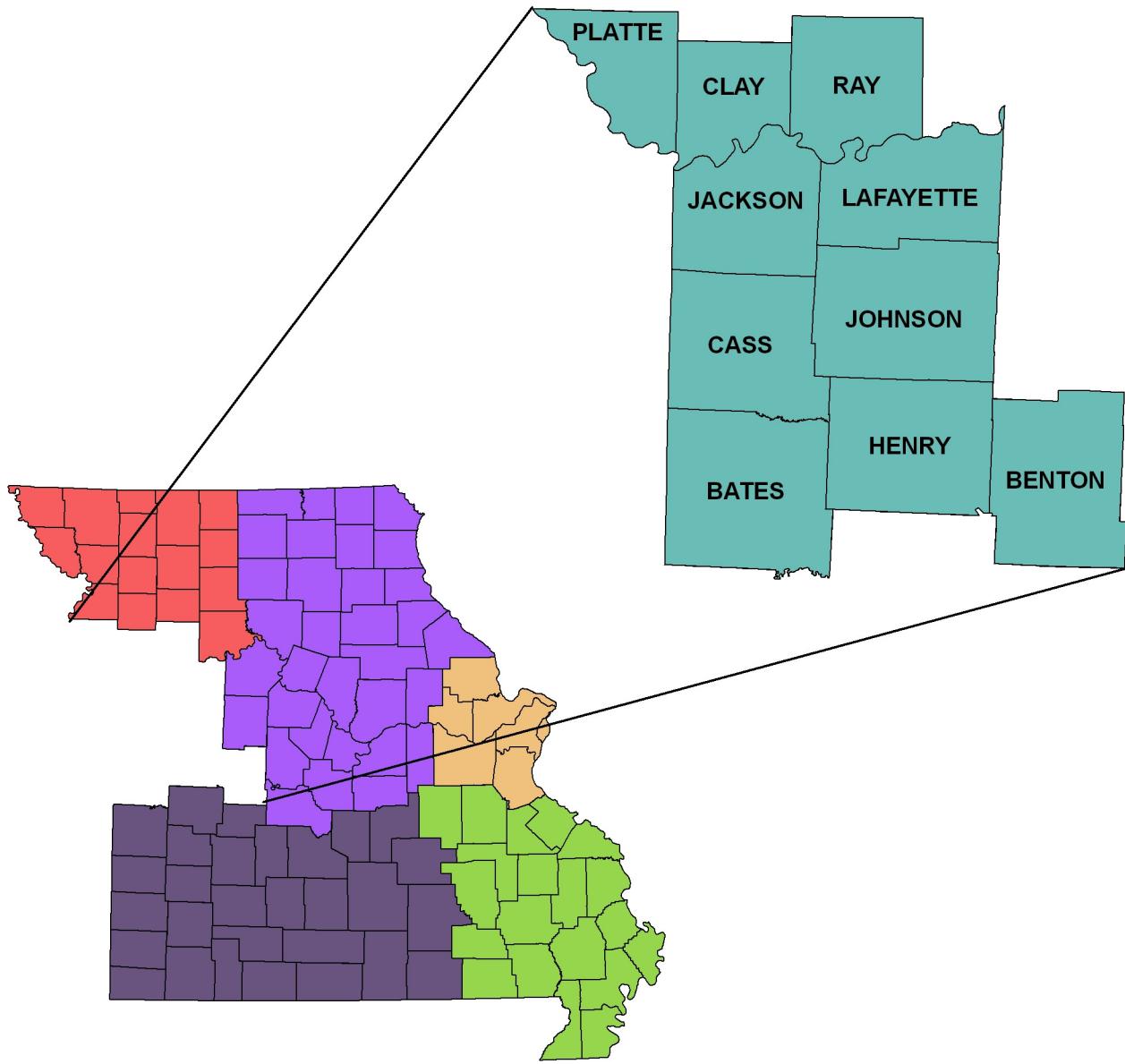
Note: Totals include persons whose age at diagnosis is unknown.

There were 181 reported cases of Hepatitis B in the St. Louis HIV region during 2010 (Figure 12). Females represented 60% of reported Hepatitis B cases. There were differences in the age distribution of reported Hepatitis B cases by sex. Among males, the largest proportion of cases was between 40-49 years of age at diagnosis. The largest proportion of cases was 30-39 years old among females.

In 2009, there were 1,489 Hepatitis C cases reported in the St. Louis HIV region (Figure 13). Of the reported Hepatitis C cases, 67% were male. Among both males and females, the largest numbers of cases were reported among persons 50-59 years of age at diagnosis. Among males, the second largest number of cases was reported among individuals 60 or more years of age. Among females, the second largest number of Hepatitis C cases was among those 40-49 years of age.

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KANSAS CITY REGION



Population Estimates, Kansas City HIV Region, 2009

County	White	Black	Hispanic	American		Indian/Alaskan Native	Two or More Races	Total
				Asian/Pacific Islander	Native			
Bates County	15,959 95.2%	170 1.0%	309 1.8%	32 0.2%	106 0.6%	185 1.1%	16,761	
Benton County	17,795 96.4%	92 0.5%	229 1.2%	23 0.1%	97 0.5%	225 1.2%	18,461	
Cass County	90,005 89.8%	3,847 3.8%	3,805 3.8%	729 0.7%	496 0.5%	1,302 1.3%	100,184	
Clay County	196,618 86.1%	10,701 4.7%	11,779 5.2%	4,856 2.1%	973 0.4%	3,431 1.5%	228,358	
Henry County	21,070 95.0%	265 1.2%	338 1.5%	67 0.3%	168 0.8%	268 1.2%	22,176	
Jackson County	464,862 65.9%	155,077 22.0%	57,926 8.2%	12,490 1.8%	3,169 0.4%	12,184 1.7%	705,708	
Johnson County	46,331 88.0%	2,072 3.9%	1,947 3.7%	1,014 1.9%	343 0.7%	950 1.8%	52,657	
Lafayette County	30,608 94.0%	801 2.5%	535 1.6%	112 0.3%	102 0.3%	414 1.3%	32,572	
Platte County	78,582 86.7%	4,573 5.0%	4,031 4.4%	1,800 2.0%	371 0.4%	1,331 1.5%	90,688	
Ray County	22,109 94.7%	453 1.9%	346 1.5%	56 0.2%	95 0.4%	299 1.3%	23,358	
Region Total	983,939 76.2%	178,051 13.8%	81,245 6.3%	21,179 1.6%	5,920 0.5%	20,589 1.6%	1,290,923	

Figure 1. HIV disease cases (living and deceased), by current HIV vs. AIDS status, Kansas City HIV Region, 1982—2010

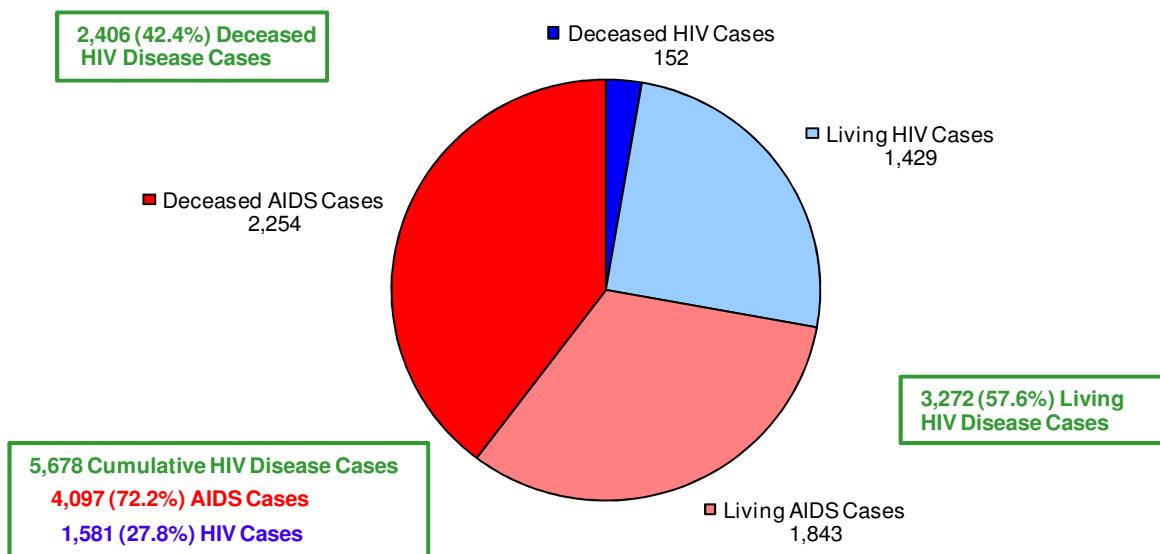
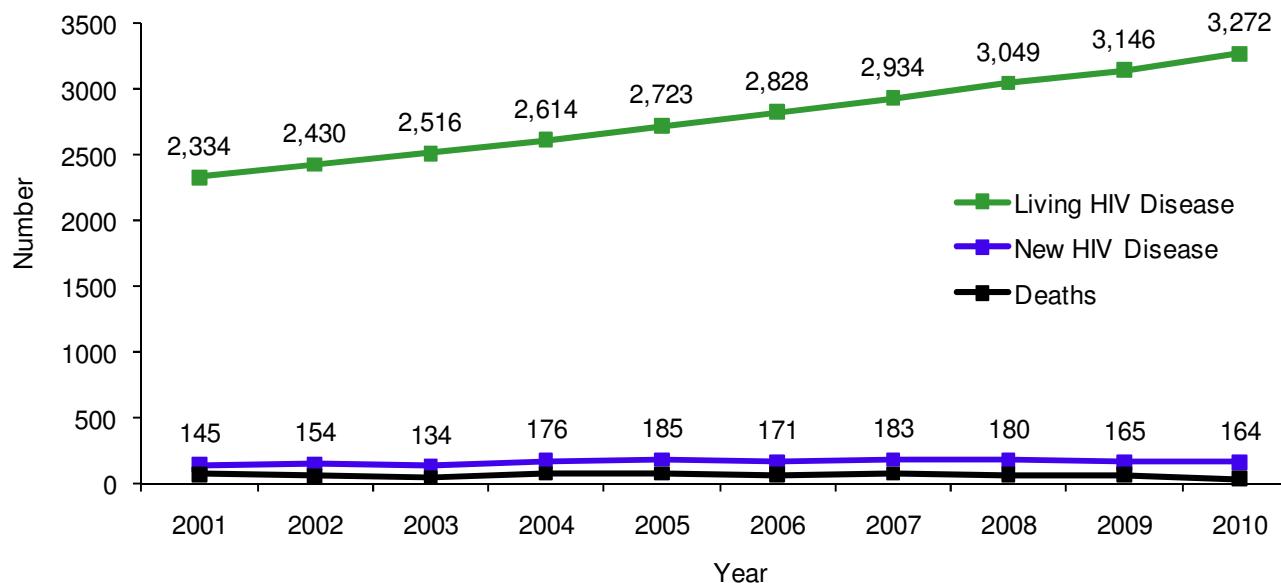


Figure 2. Living and new HIV disease cases and deaths by year*, Kansas City HIV Region, 2001—2010

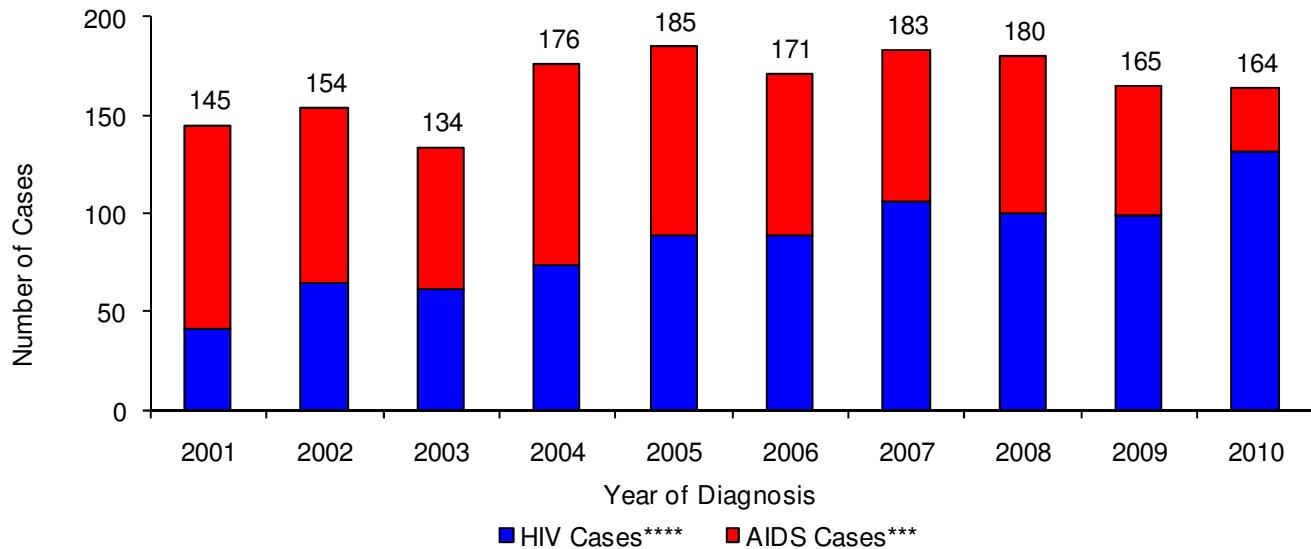


*For living HIV disease cases—the number of individuals living with HIV disease at the end of the year; For new HIV disease cases—the number of individuals newly diagnosed in the year; For HIV disease deaths—the number of individuals that died in the year.

From 1982 to 2010, there have been a total of 5,678 HIV disease cases diagnosed in the Kansas City HIV region and reported to MDHSS (Figure 1). Of the cumulative cases reported, 58% were still presumed to be living with HIV disease at the end of 2010. Among those living with HIV disease, 1,429 were classified as HIV cases at the end of 2010 and 1,843 were classified as AIDS cases.

At the end of 2010, there were 3,272 persons living with HIV disease whose most recent diagnosis occurred in the Kansas City HIV region (Figure 2). The number of people living with HIV disease increased every year. There were 164 new HIV disease diagnoses in 2010. The median number of new diagnoses was greater for 2006-2010 compared to 2001-2005. The number of deaths among persons with HIV disease remained generally stable.

Figure 3. HIV disease cases, by current status* and year of diagnosis, Kansas City HIV Region, 2001—2010**



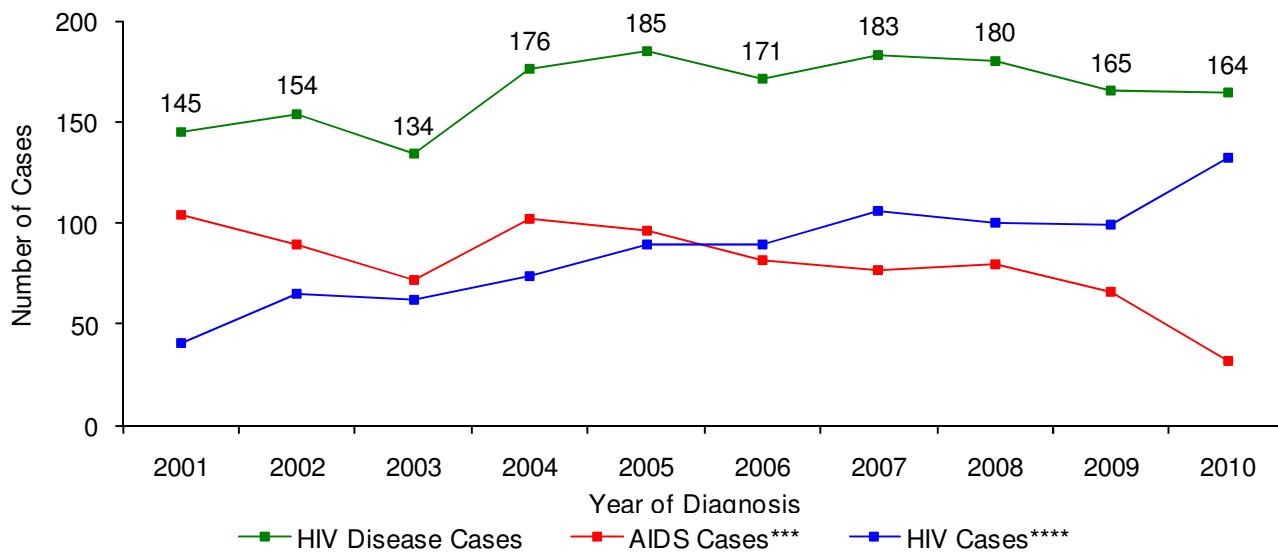
*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Figure 4. Reported HIV disease cases, by current status* and year of diagnosis, Kansas City HIV Region, 2001—2010**



*HIV case vs. AIDS case

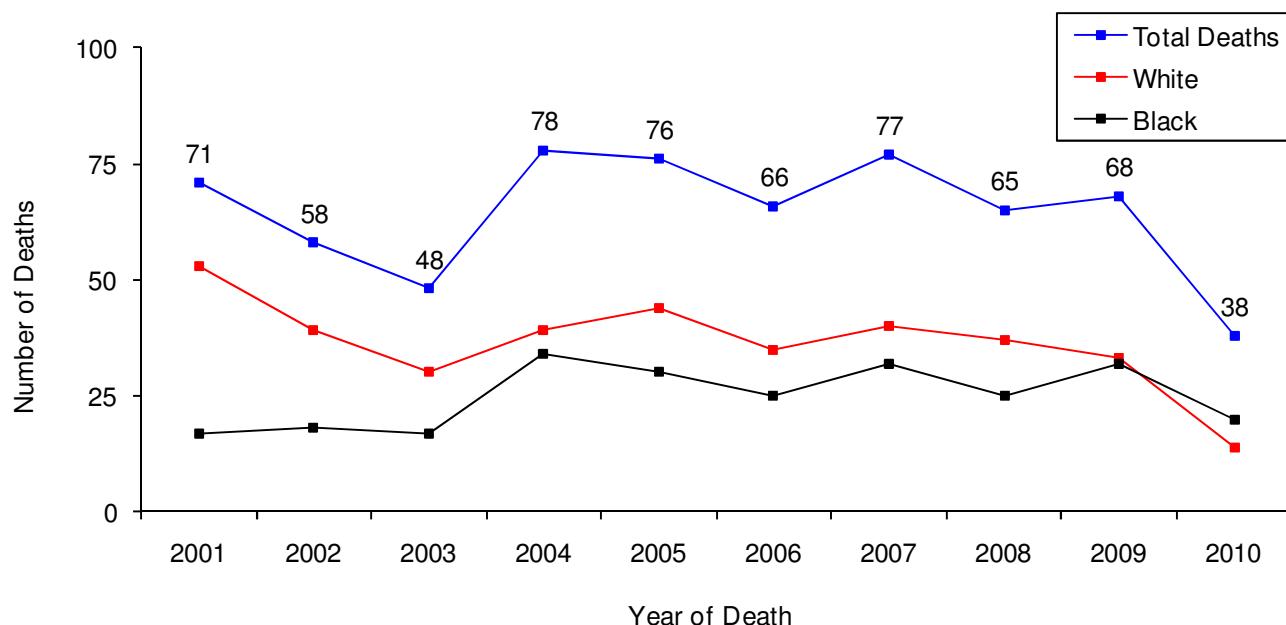
**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

The median number of new diagnoses was greater for 2006-2010 compared to 2001-2005 in the Kansas City HIV region. It is difficult to determine if the increase was due to increased testing, a true increase in the number of infections, or other factors. Differences in the number of persons sub-classified as AIDS cases each year are due to the progression of the disease over time.

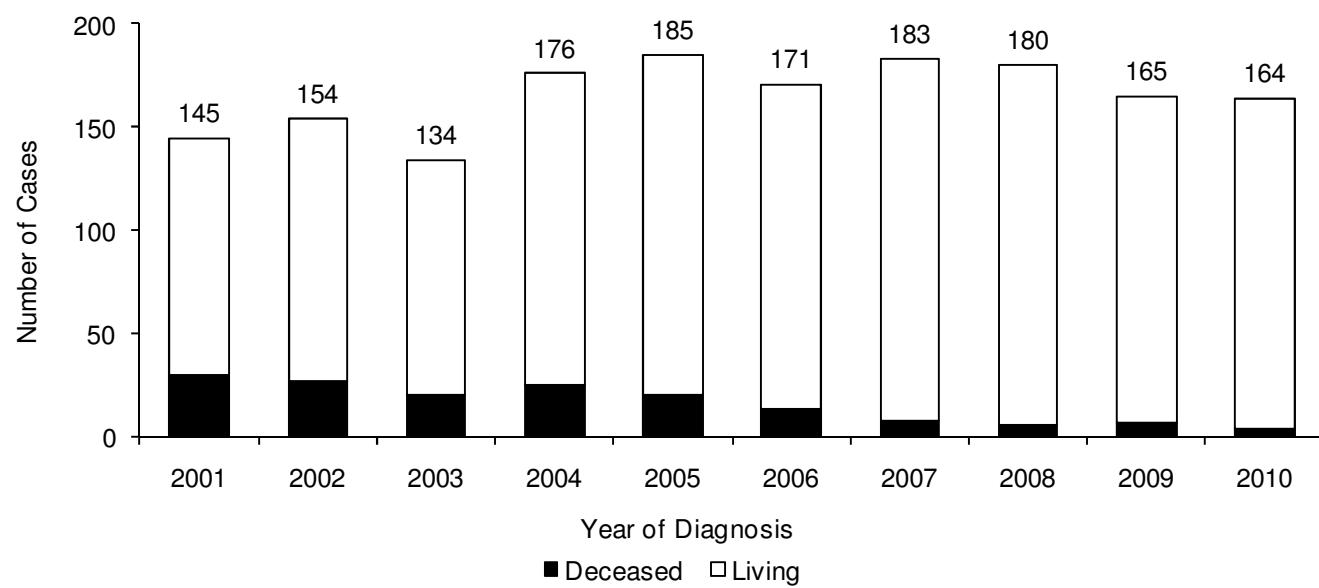
Figure 5. HIV disease deaths*, by selected race, by year of death, Kansas City HIV Region, 2001—2010[†]



*Includes deaths that have occurred among those diagnosed with HIV disease in the Kansas City HIV Region.

[†]Only includes deaths through December 31, 2010, and reported by February 28, 2011.

Figure 6. Persons diagnosed with HIV disease by current vital status* and year of diagnosis, Kansas City HIV Region, 2001—2010**



*Vital status on December 31, 2010.

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

The number of deaths among persons with HIV disease decreased from 2001-2003, increased from 2003 to 2004, and then generally decreased through 2010 (Figure 5). The lower number of deaths in 2010 was likely related in part to delays in death reporting.

Of the 145 persons diagnosed with HIV disease in 2001, 30 (21%) were deceased by the end of 2010 (Figure 6). Among the 164 persons first diagnosed in 2010, 4 (2%) were deceased at the end of 2010. The difference in the proportion of cases that were deceased was due to the length of time individuals have been living with the disease.

Table 1. Living[†] HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and by current age, Kansas City HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	1,203	84.2%	191.0	1,574	85.4%	249.9	2,777	84.9%	440.8
Female	226	15.8%	34.2	269	14.6%	40.7	495	15.1%	74.9
Total	1,429	100.0%	110.7	1,843	100.0%	142.8	3,272	100.0%	253.5
Race/Ethnicity									
White	753	52.7%	76.5	1,004	54.5%	102.0	1,757	53.7%	178.6
Black	568	39.7%	319.0	693	37.6%	389.2	1,261	38.5%	708.2
Hispanic	80	5.6%	98.5	118	6.4%	145.2	198	6.1%	243.7
Asian/Pacific Islander	17	1.2%	80.3	7	0.4%	33.1	24	0.7%	113.3
American Indian/Alaskan Native	3	0.2%	50.7	8	0.4%	135.1	11	0.3%	185.8
Two or More Races/Unknown	8	0.6%	--	13	0.7%	--	21	0.6%	--
Total	1,429	100.0%	110.7	1,843	100.0%	142.8	3,272	100.0%	253.5
Race/Ethnicity-Males									
White Male	682	56.7%	141.6	918	58.3%	190.6	1,600	57.6%	332.3
Black Male	429	35.7%	518.8	528	33.5%	638.5	957	34.5%	1157.3
Hispanic Male	70	5.8%	164.7	105	6.7%	247.0	175	6.3%	411.7
Asian/Pacific Islander Male	15	1.2%	148.4	6	0.4%	59.4	21	0.8%	207.8
American Indian/Alaskan Native Male	3	0.2%	101.5	7	0.4%	236.8	10	0.4%	338.3
Two or More Races/Unknown Male	4	0.3%	--	10	0.6%	--	14	0.5%	--
Total	1,203	100.0%	191.0	1,574	100.0%	249.9	2,777	100.0%	440.8
Race/Ethnicity-Females									
White Female	71	31.4%	14.1	86	32.0%	17.1	157	31.7%	31.2
Black Female	139	61.5%	145.8	165	61.3%	173.0	304	61.4%	318.8
Hispanic Female	10	4.4%	25.8	13	4.8%	33.6	23	4.6%	59.4
Asian/Pacific Islander Female	2	0.9%	18.1	1	0.4%	9.0	3	0.6%	27.1
American Indian/Alaskan Native Female	0	0.0%	0.0	1	0.4%	33.7	1	0.2%	33.7
Two or More Races/Unknown Female	4	1.8%	--	3	1.1%	--	7	1.4%	--
Total	226	100.0%	34.2	269	100.0%	40.7	495	100.0%	74.9
Current Age[‡]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	7	0.5%	3.6	0	0.0%	0.0	7	0.2%	3.6
13-18	8	0.6%	7.6	4	0.2%	3.8	12	0.4%	11.5
19-24	103	7.2%	104.7	43	2.3%	43.7	146	4.5%	148.4
25-44	698	48.8%	195.2	668	36.2%	186.8	1,366	41.7%	382.1
45-64	586	41.0%	172.8	1,067	57.9%	314.7	1,653	50.5%	487.5
65+	27	1.9%	16.8	61	3.3%	38.0	88	2.7%	54.8
Total	1,429	100.0%	110.7	1,843	100.0%	142.8	3,272	100.0%	253.5

[†]Includes persons diagnosed with HIV disease in the Kansas City HIV Region who are currently living, regardless of current residence.

*Cases which remained HIV cases at the end of 2010.

**Cases classified as AIDS by December 31, 2010.

***The sum of HIV cases and AIDS cases.

****Per 100,000 population based on 2009 MDHSS estimates.

[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Epi Profiles Summary: Kansas City HIV Region

Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and current age, Kansas City HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	110	83.3%	17.5	25	78.1%	4.0	135	82.3%	21.4
Female	22	16.7%	3.3	7	21.9%	1.1	29	17.7%	4.4
Total	132	100.0%	10.2	32	100.0%	2.5	164	100.0%	12.7
Race/Ethnicity									
White	61	46.2%	6.2	10	31.3%	1.0	71	43.3%	7.2
Black	59	44.7%	33.1	19	59.4%	10.7	78	47.6%	43.8
Hispanic	7	5.3%	8.6	3	9.4%	3.7	10	6.1%	12.3
Asian/Pacific Islander	3	2.3%	14.2	0	0.0%	0.0	3	1.8%	14.2
American Indian/Alaskan Native	1	0.8%	16.9	0	0.0%	0.0	1	0.6%	16.9
Two or More Races/Unknown	1	0.8%	--	0	0.0%	--	1	0.6%	--
Total	132	100.0%	10.2	32	100.0%	2.5	164	100.0%	12.7
Race/Ethnicity-Males									
White Male	55	50.0%	11.4	10	40.0%	2.1	65	48.1%	13.5
Black Male	45	40.9%	54.4	12	48.0%	14.5	57	42.2%	68.9
Hispanic Male	5	4.5%	11.8	3	12.0%	7.1	8	5.9%	18.8
Asian/Pacific Islander Male	3	2.7%	29.7	0	0.0%	0.0	3	2.2%	29.7
American Indian/Alaskan Native Male	1	0.9%	33.8	0	0.0%	0.0	1	0.7%	33.8
Two or More Races/Unknown Male	1	0.9%	--	0	0.0%	--	1	0.7%	--
Total	110	100.0%	17.5	25	100.0%	4.0	135	100.0%	21.4
Race/Ethnicity-Females									
White Female	6	27.3%	1.2	0	0.0%	0.0	6	20.7%	1.2
Black Female	14	63.6%	14.7	7	100.0%	7.3	21	72.4%	22.0
Hispanic Female	2	9.1%	5.2	0	0.0%	0.0	2	6.9%	5.2
Asian/Pacific Islander Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	22	100.0%	3.3	7	100.0%	1.1	29	100.0%	4.4
Current Age[‡]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	1	0.8%	0.5	0	0.0%	0.0	1	0.6%	0.5
13-18	1	0.8%	1.0	1	3.1%	1.0	2	1.2%	1.9
19-24	37	28.0%	37.6	2	6.3%	2.0	39	23.8%	39.6
25-44	69	52.3%	19.3	17	53.1%	4.8	86	52.4%	24.1
45-64	23	17.4%	6.8	11	34.4%	3.2	34	20.7%	10.0
65+	1	0.8%	0.6	1	3.1%	0.6	2	1.2%	1.2
Total	132	100.0%	10.2	32	100.0%	2.5	164	100.0%	12.7

*HIV cases diagnosed during 2010 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2010.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases diagnosed prior to 2010 with HIV, which progressed to AIDS in 2010.

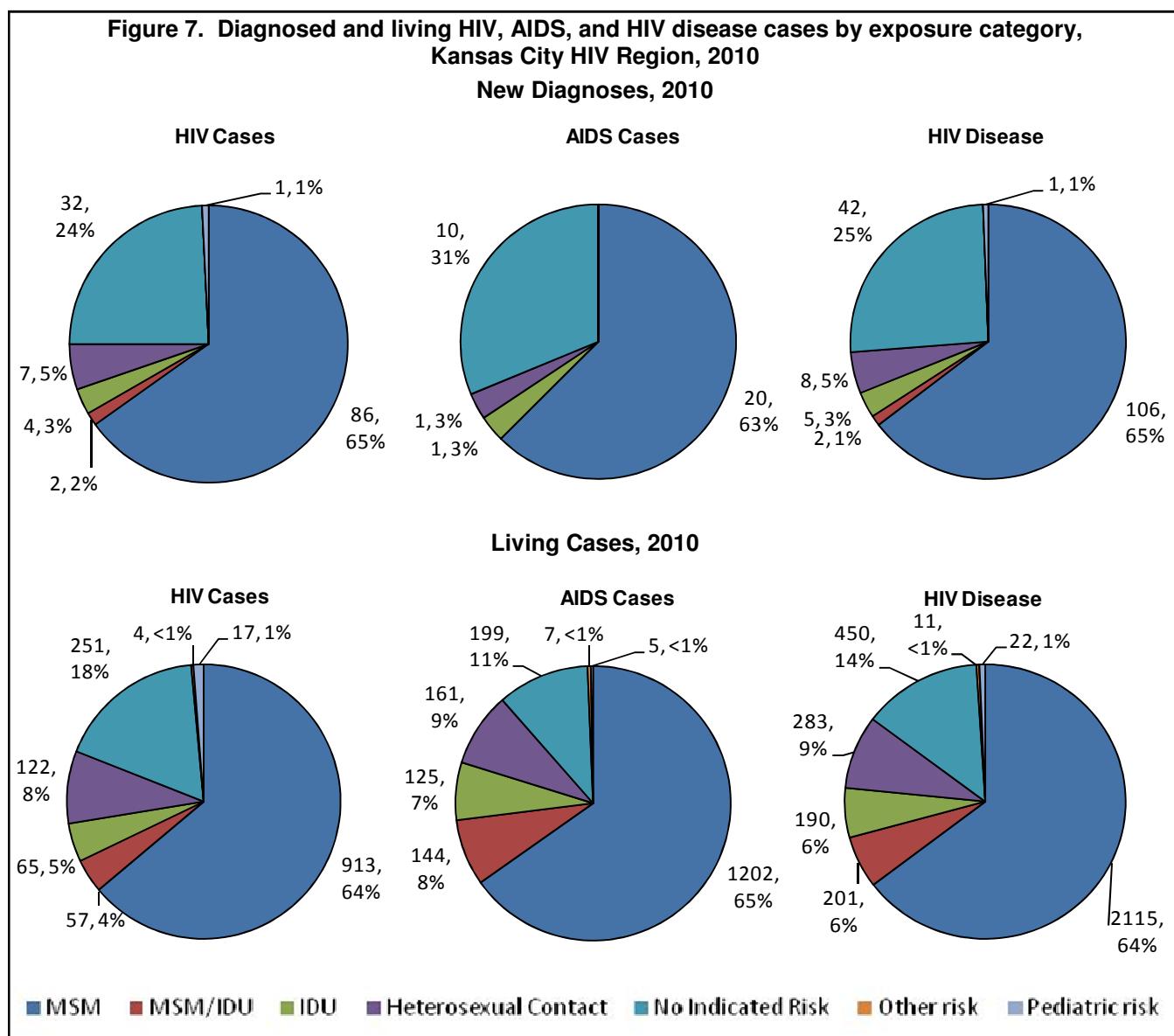
****Per 100,000 population based on 2009 MDHSS estimates.

[†]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Of the 3,272 persons living with HIV disease at the end of 2010, 85% were males (Table 1). The rate of those living with HIV disease was 5.9 times greater among males than females. Although whites represented the largest proportion of living HIV disease cases (54%), the rate of those living with HIV disease was 4.0 times greater among blacks than whites. The rate was 1.4 times greater among Hispanics than whites. Among males, the rate of persons living with HIV disease was 3.5 times greater for blacks than whites, and 1.2 times greater for Hispanics than whites. Among females, the rate of those living with HIV disease was 10.2 times greater among blacks than whites, and 1.9 times greater among Hispanics than whites.

Of the 164 persons newly diagnosed with HIV disease in 2010, 20% were classified as AIDS cases by the end of 2010 (Table 2). The rate of new HIV disease diagnoses was 4.9 times greater in males than females. Persons 45-64 years of age comprised a greater proportion of new diagnoses classified as AIDS cases (34%), compared to the proportion this age group represented among new diagnoses classified as HIV cases (17%). The rate of new HIV disease cases was 6.1 times greater in blacks than whites, and 1.7 times greater in Hispanics than whites.



Among all categories, the majority of cases were attributed to MSM (Figure 7). The large proportion of cases with no indicated risk made trends difficult to interpret for all categories. The surveillance program examined methods to improve the identification and reporting of exposure category information.

Epi Profiles Summary: Kansas City HIV Region

Table 3. New and living HIV and AIDS cases and rates, by geographic area, Kansas City HIV Region, 2010

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2010*			Living			Diagnosed 2010**			Living		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Kansas City	104	78.8%	21.6	1,141	79.8%	236.6	26	81.3%	5.4	1,506	81.7%	312.3
Jackson County [†]	16	12.1%	4.3	158	11.1%	42.5	3	9.4%	0.8	199	10.8%	53.6
Clay County [†]	2	1.5%	1.6	41	2.9%	33.3	2	6.3%	1.6	52	2.8%	42.2
Cass County [†]	5	3.8%	5.0	20	1.4%	20.0	0	0.0%	0.0	32	1.7%	32.0
Platte County [†]	2	1.5%	4.2	22	1.5%	46.0	0	0.0%	0.0	10	0.5%	20.9
Remainder of Region	3	2.3%	1.8	47	3.3%	28.3	1	3.1%	0.6	44	2.4%	26.5
KANSAS CITY HIV REGION TOTAL	132	100.0%	10.2	1,429	100.0%	110.7	32	100.0%	2.5	1,843	100.0%	142.8

*HIV cases diagnosed and reported to the Department during 2010 which remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
***Per 100,000 population based on 2009 MDHSS estimates.
[†]Outside the limits of Kansas City.
Note: Percentages may not total due to rounding.

Table 4. Diagnosed HIV cases and rates, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2010

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total**		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*
Kansas City	40	38.5%	14.6	53	51.0%	39.1	7	6.7%	14.6	104	100.0%	21.6
Jackson County [†]	11	68.8%	3.5	4	25.0%	14.7	0	0.0%	0.0	16	100.0%	4.3
Remainder of Region [†]	10	83.3%	2.5	2	16.7%	13.0	0	0.0%	0.0	12	100.0%	2.7
KANSAS CITY HIV REGION TOTAL	61	46.2%	6.2	59	44.7%	33.1	7	5.3%	8.6	132	100.0%	10.2

*Per 100,000 population based on 2009 MDHSS estimates.
**Includes cases in persons whose race/ethnicity is either unknown or not listed.
[†]Outside the limits of Kansas City.
Note: Row percentages are shown. Percentages may not total due to rounding.

Table 5. Diagnosed AIDS cases and rates, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2010

Area	White, Non-Hispanic			Black, Non-Hispanic			Hispanic			Total**		
	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*	Cases	%	Rate*
Kansas City	6	23.1%	2.2	17	65.4%	12.6	3	11.5%	6.3	26	100.0%	5.4
Jackson County [†]	2	66.7%	0.6	1	33.3%	3.7	0	0.0%	0.0	3	100.0%	0.8
Remainder of Region [†]	2	66.7%	0.5	1	33.3%	6.5	0	0.0%	0.0	3	100.0%	0.7
KANSAS CITY HIV REGION TOTAL	10	31.3%	1.0	19	59.4%	10.7	3	9.4%	3.7	32	100.0%	2.5

*Per 100,000 population based on 2009 MDHSS estimates.

**Includes cases in persons whose race/ethnicity is either unknown or not listed.

[†]Outside the limits of Kansas City.

Note: Row percentages are shown. Percentages may not total due to rounding.

The rates of new diagnoses and living cases were highest in Kansas City compared to other areas in the Kansas City HIV region (Table 3).

The highest rates of new HIV case diagnoses among all race/ethnicity categories presented were observed in Kansas City (Table 4). In Kansas City, blacks comprised the greatest proportion of new HIV cases, while whites comprised the largest proportion of new HIV cases in all other areas.

The highest rates of new AIDS case diagnoses among all race/ethnicity categories presented were in Kansas City compared to other areas in the Kansas City HIV region (Table 5). Blacks represented the largest number of new AIDS case diagnoses in Kansas City. In other areas, the number of new AIDS cases was more evenly distributed between whites and blacks.

Table 6. Newly diagnosed and living HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Kansas City HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	44	51.2%	540	59.1%	9	45.0%	730	60.7%
Black	32	37.2%	301	33.0%	10	50.0%	384	31.9%
Hispanic	5	5.8%	55	6.0%	1	5.0%	70	5.8%
Other/Unknown	5	5.8%	17	1.9%	0	0.0%	18	1.5%
KANSAS CITY HIV REGION TOTAL	86	100.0%	913	100.0%	20	100.0%	1,202	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 7. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by current age group, Kansas City HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	1	0.1%	0	0.0%	1	0.0%
19-24	20	1.6%	80	11.7%	5	4.0%	110	5.2%
25-44	461	36.3%	312	45.5%	68	54.4%	860	40.7%
45-64	748	58.9%	281	41.0%	51	40.8%	1,091	51.6%
65+	41	3.2%	11	1.6%	1	0.8%	53	2.5%
KANSAS CITY HIV REGION TOTAL	1,270	100.0%	685	100.0%	125	100.0%	2,115	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 8. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Kansas City	980	55.7%	644	36.6%	104	5.9%	1,758	83.1%
Jackson County†	168	78.5%	29	13.6%	14	6.5%	214	10.1%
Clay County†	51	87.9%	4	6.9%	3	5.2%	58	2.7%
Cass County†	18	81.8%	2	9.1%	0	0.0%	22	1.0%
Remaining Counties†	53	84.1%	6	9.5%	4	6.3%	63	3.0%
KANSAS CITY HIV REGION TOTAL	1,270	60.0%	685	32.4%	125	5.9%	2,115	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

†Outside the limits of Kansas City.

Note: Percentages may not total due to rounding.

There were a total of 106 new HIV disease diagnoses attributed to men who have sex with men (MSM) in 2010 for the Kansas City HIV region (Table 6). Blacks represented a greater proportion of new HIV cases diagnosed in 2010 among MSM (37%) compared to the proportion of living HIV cases diagnosed among black MSM (33%). Of the newly diagnosed cases among MSM, 19% progressed to AIDS by the end of 2010.

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM (Table 7). Among white MSM living with HIV disease, the majority (59%) were between 45-64 years of age at the end of 2010. In contrast, only 41% of living black and Hispanic MSM with HIV disease were between 45-64 years of age.

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for MSM (Table 8). In Kansas City, black MSM comprised a larger proportion of living cases compared to other areas.

Epi Profiles Summary: Kansas City HIV Region

Table 9. Newly diagnosed and living HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, Kansas City HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	2	100.0%	41	71.9%	0	--	102	70.8%
Black	0	0.0%	11	19.3%	0	--	31	21.5%
Hispanic	0	0.0%	4	7.0%	0	--	8	5.6%
Other/Unknown	0	0.0%	1	1.8%	0	--	3	2.1%
KANSAS CITY HIV REGION TOTAL	2	100.0%	57	100.0%	0	--	144	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 10. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by current age group, Kansas City HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	1	0.7%	0	0.0%	0	0.0%	1	0.5%
25-44	34	23.8%	12	28.6%	4	33.3%	51	25.4%
45-64	106	74.1%	30	71.4%	7	58.3%	146	72.6%
65+	2	1.4%	0	0.0%	1	8.3%	3	1.5%
KANSAS CITY HIV REGION TOTAL	143	100.0%	42	100.0%	12	100.0%	201	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.
**Percentage of cases per age group.
Note: Percentages may not total due to rounding.

Table 11. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Kansas City	107	65.6%	40	24.5%	12	7.4%	163	81.1%
Jackson County [†]	20	90.9%	2	9.1%	0	0.0%	22	10.9%
Clay County [†]	5	100.0%	0	0.0%	0	0.0%	5	2.5%
Remaining Counties [†]	11	100.0%	0	0.0%	0	0.0%	11	5.5%
KANSAS CITY HIV REGION TOTAL	143	71.1%	42	20.9%	12	6.0%	201	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.
**Percentage of race/ethnicity in each area.
***Percentage of cases per area.
[†]Outside the limits of Kansas City.
Note: Percentages may not total due to rounding.

There were two new HIV disease diagnoses attributed to men who have sex with men and inject drugs (MSM/IDU) in 2010 for the Kansas City HIV region (Table 9). There were 201 persons living with HIV disease attributed to MSM/IDU at the end of 2010 in the Kansas City HIV region. Whites represented the largest proportion of both living HIV and AIDS cases.

The distribution of living HIV disease cases by current age was similar by race/ethnicity among MSM/IDU (Table 10). Among all race/ethnicities presented, the majority of MSM/IDU living with HIV disease in the Kansas City HIV region were between 45-64 years of age.

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for MSM/IDU (Table 11). In Kansas City, black MSM/IDU comprised a larger proportion of living cases compared to other areas.

Table 12. Newly diagnosed and living HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, Kansas City HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
Cases	%	Cases	%	Cases	%	Cases	%	
White Male	1	25.0%	19	29.2%	0	0.0%	24	19.2%
Black Male	0	0.0%	17	26.2%	1	100.0%	41	32.8%
Hispanic Male	0	0.0%	2	3.1%	0	0.0%	7	5.6%
White Female	2	50.0%	15	23.1%	0	0.0%	21	16.8%
Black Female	1	25.0%	10	15.4%	0	0.0%	26	20.8%
Hispanic Female	0	0.0%	1	1.5%	0	0.0%	5	4.0%
KANSAS CITY HIV REGION TOTAL[†]	4	100.0%	65	100.0%	1	100.0%	125	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 13. Living HIV disease cases in injecting drug users, by selected race/ethnicity and sex, by current age group, Kansas City HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	1	2.8%	0	0.0%	2	1.1%
25-44	15	34.9%	13	22.4%	13	36.1%	11	30.6%	58	30.5%
45-64	26	60.5%	43	74.1%	22	61.1%	24	66.7%	124	65.3%
65+	2	4.7%	2	3.4%	0	0.0%	1	2.8%	6	3.2%
KANSAS CITY HIV REGION TOTAL	43	100.0%	58	100.0%	36	100.0%	36	100.0%	190	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 14. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Kansas City	52	33.5%	89	57.4%	12	7.7%	155	81.6%
Jackson County [†]	13	72.2%	2	11.1%	3	16.7%	18	9.5%
Clay County [†]	4	100.0%	0	0.0%	0	0.0%	4	2.1%
Remaining Counties [†]	10	76.9%	3	23.1%	0	0.0%	13	6.8%
KANSAS CITY HIV REGION TOTAL	79	41.6%	94	49.5%	15	7.9%	190	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

†Outside the limits of Kansas City.

Note: Percentages may not total due to rounding.

There were five new HIV disease diagnosis attributed to injecting drug users (IDU) in 2010 for the Kansas City HIV region (Table 12). There were 190 persons living with HIV disease attributed to IDU at the end of 2010 in the Kansas City HIV region. The largest proportion of living HIV cases was white males (29%), while black males represented the largest proportion of living AIDS cases (33%).

The distribution of living HIV disease cases by current age varied by race/ethnicity and sex among IDU (Table 13). Greater proportions of white male (35%) and white female (36%) IDU living with HIV disease were between 25-44 years of age at the end of 2010 compared to black male (22%) and black female (31%) IDU.

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for IDU (Table 14). In Kansas City, black IDU comprised a larger proportion of living cases compared to other areas.

Epi Profiles Summary: Kansas City HIV Region

Table 15. Newly diagnosed and living HIV and AIDS cases in heterosexual contacts, by selected race/ethnicity and sex, Kansas City HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	5	4.1%	0	0.0%	6	3.7%
Black Male	0	0.0%	8	6.6%	0	0.0%	13	8.1%
Hispanic Male	0	0.0%	0	0.0%	0	0.0%	6	3.7%
White Female	3	42.9%	40	32.8%	0	0.0%	51	31.7%
Black Female	3	42.9%	60	49.2%	1	100.0%	77	47.8%
Hispanic Female	1	14.3%	5	4.1%	0	0.0%	5	3.1%
KANSAS CITY HIV REGION TOTAL[†]	7	100.0%	122	100.0%	1	100.0%	161	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

[†]Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 16. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity and sex, by current age group, Kansas City HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	1	0.7%	1	0.4%
19-24	0	0.0%	0	0.0%	1	1.1%	4	2.9%	5	1.8%
25-44	6	54.5%	10	47.6%	44	48.4%	85	62.0%	159	56.2%
45-64	5	45.5%	10	47.6%	41	45.1%	45	32.8%	110	38.9%
65+	0	0.0%	1	4.8%	5	5.5%	2	1.5%	8	2.8%
KANSAS CITY HIV REGION TOTAL	11	100.0%	21	100.0%	91	100.0%	137	100.0%	283	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 17. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity, by geographic area, Kansas City HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Kansas City	57	25.8%	147	66.5%	11	5.0%	221	78.1%
Jackson County [†]	17	58.6%	8	27.6%	3	10.3%	29	10.2%
Clay County [†]	8	88.9%	1	11.1%	0	0.0%	9	3.2%
Remaining Counties [†]	20	83.3%	2	8.3%	2	8.3%	24	8.5%
KANSAS CITY HIV REGION TOTAL	102	36.0%	158	55.8%	16	5.7%	283	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

[†]Outside the limits of Kansas City.

Note: Percentages may not total due to rounding.

There were a total of eight new HIV disease diagnoses attributed to heterosexual contact in 2010 for the Kansas City HIV region (Table 15). There were 283 persons living with HIV disease attributed to heterosexual contact at the end of 2010 in the Kansas City HIV region. Black females represented the largest proportion of both living HIV (49%) and AIDS (48%) cases among heterosexual contact cases.

At the end of 2010, the greatest proportions of heterosexual contact cases living with HIV disease were between 25-44 years of age for all race/ethnicity and sex categories except for black males where proportions for 25-44 and 45-64 age categories were equal (Table 16). The greatest proportion of cases between 25-44 years old occurred among black females (62%).

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for heterosexual contact cases (Table 17). In Kansas City, black heterosexual contact cases comprised a larger proportion of living cases compared to other areas.

Table 18. Newly diagnosed and living HIV and AIDS cases with exposure category assignments for Kansas City HIV Region, 2010

Exposure category	HIV cases				AIDS cases			
	2010*		Living		2010**		Living	
Adult/Adolescent								
Men who have sex with men	107	81.7%	1,060	75.1%	24	75.0%	1,303	70.9%
Men who have sex with men and inject drugs	2	1.5%	66	4.7%	0	0.0%	155	8.4%
Injecting drug use	6	4.6%	85	6.0%	1	3.1%	153	8.3%
Heterosexual contact	16	12.2%	197	14.0%	7	21.9%	220	12.0%
Hemophilia/coagulation disorder	0	0.0%	3	0.2%	0	0.0%	5	0.3%
Blood transfusion or tissue recipient	0	0.0%	1	0.1%	0	0.0%	2	0.1%
No indicated risk (NIR)	----	-----	----	-----	----	-----	----	-----
ADULT/ADOLESCENT SUBTOTAL	131	100.0%	1,412	100.0%	32	100.0%	1,838	100.0%
Pediatric (<13 years old)								
PEDIATRIC SUBTOTAL	1	100.0%	17	100.0%	0	0.0%	5	100.0%
TOTAL	132		1,429		32		1,843	

*HIV cases reported during 2010 which remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

Note: Percentages may not total due to rounding.

The data in Table 18 have been adjusted to proportionately re-distribute individuals with no indicated risk factor based on sex and race/ethnicity to known exposure categories. These data do not reflect the true counts of persons reported in each exposure category. Among both new and living HIV and AIDS cases, MSM represented the greatest proportion of cases. MSM represented a greater proportion of new HIV and both living HIV and AIDS cases in the Kansas City HIV region compared to Missouri overall. The proportion of MSM cases was greater for new HIV and AIDS cases compared to the proportion among their respective living cases. This may indicate changes in how individual are being infected over time. However, the observed pattern may also be related to the method used to re-distribute those with unknown risks. The method used to re-distribute new cases may weight those with no indicated risk more heavily to the MSM category.

Figure 8. Reported P&S syphilis cases, by race and sex, by age group at diagnosis, Kansas City HIV Region, 2010

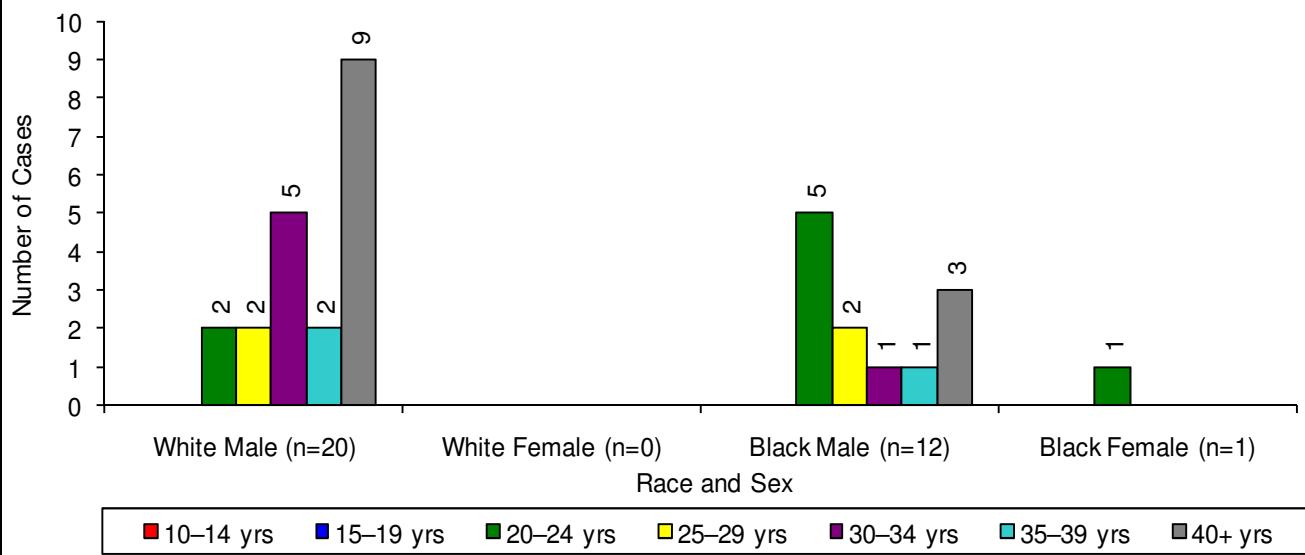
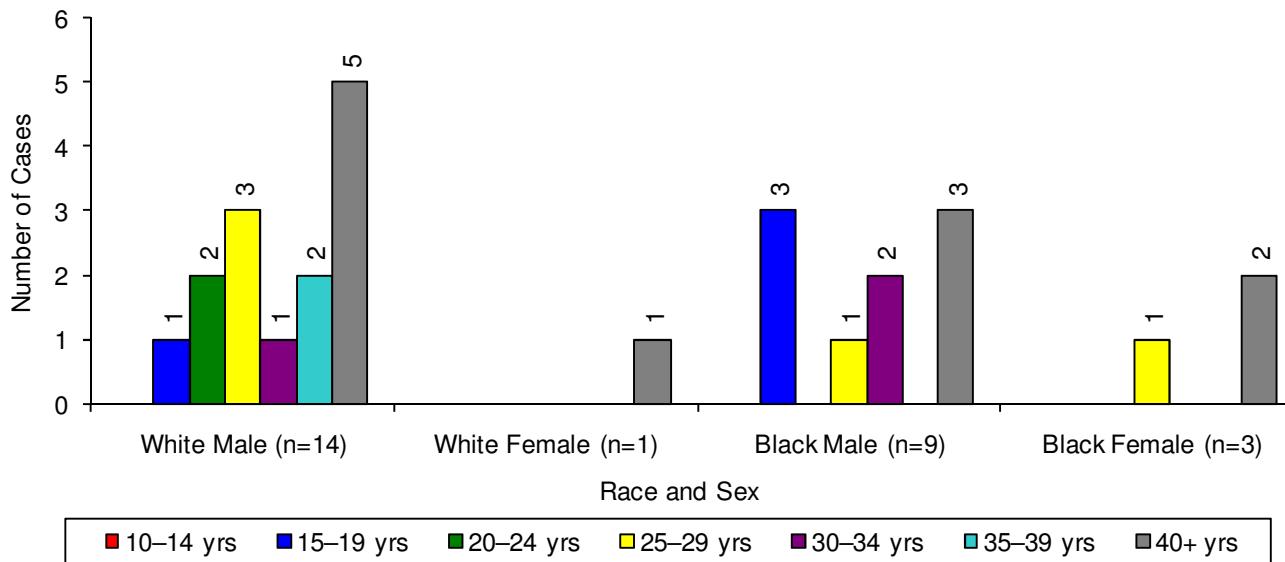


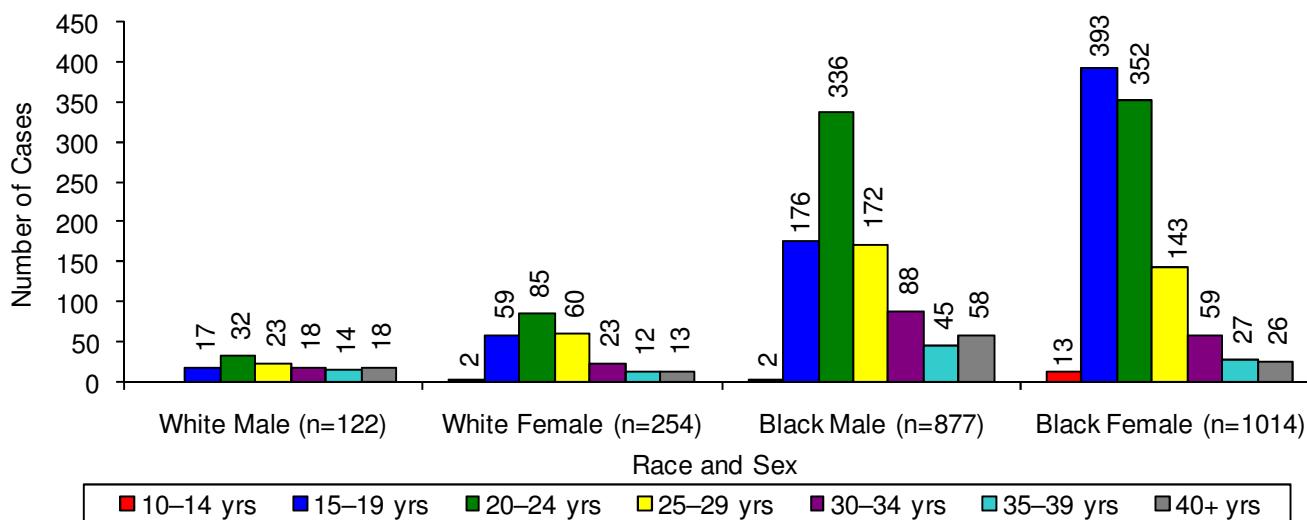
Figure 9. Reported early latent syphilis cases, by race and sex, by age group at diagnosis, Kansas City HIV Region, 2010



The largest number of P&S syphilis cases was reported among white males (20), followed by black males (12) in the Kansas City HIV region (Figure 8). The number of reported cases decreased from 2009 to 2010 among all race/ethnicity and sex categories presented. There were differences in the distribution of reported cases by age at diagnosis among the race/ethnicity and sex categories. Among white males, the largest number of cases was reported among individuals 40 or more years of age. Among black males, individuals 20-24 years of age represented the largest number of reported cases.

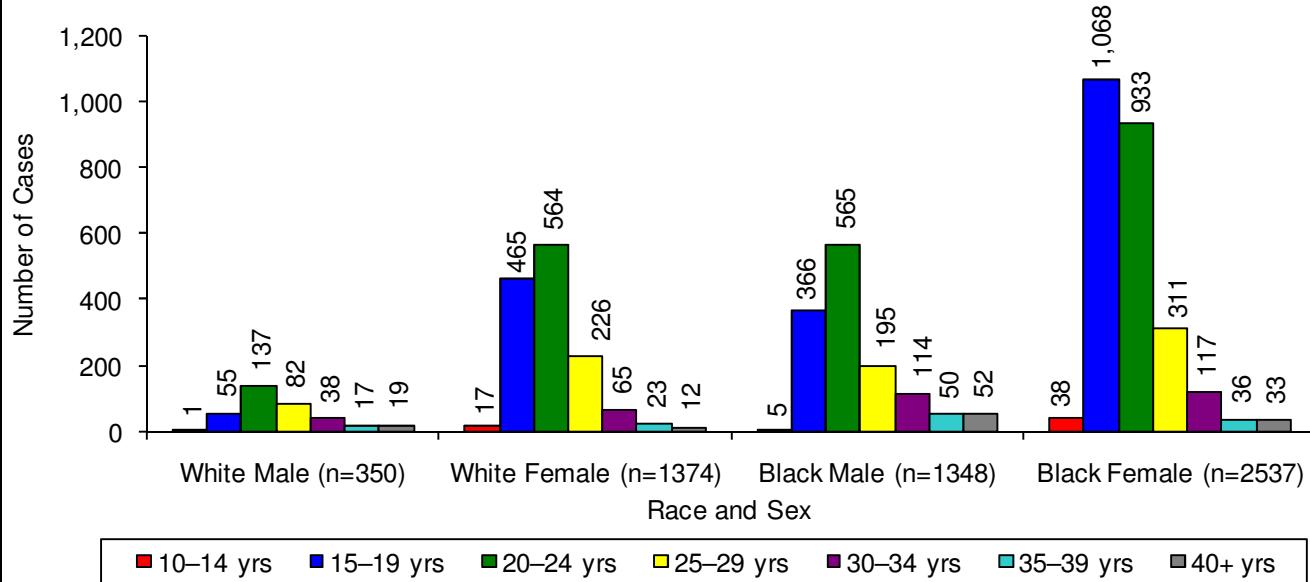
The largest number of early latent syphilis cases was reported among white males (14), followed by black males (9) (Figure 9). The number of reported early latent syphilis cases decreased from 2009 to 2010 among all race/ethnicity and sex categories, except white males. The number of reported early latent syphilis cases increased from 8 reported in 2009 to 14 reported in 2010 among white males. Among white males and both white and black females, individuals 40 or more years of age represented the greatest number of diagnoses. Among black males, an equal number of cases were reported among individuals 15-19 and 40 or more years of age.

Figure 10. Reported gonorrhea cases, by race and sex, by age group at diagnosis, Kansas City HIV Region, 2010



Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

Figure 11. Reported chlamydia cases, by race and sex, by age group at diagnosis, Kansas City HIV Region, 2010

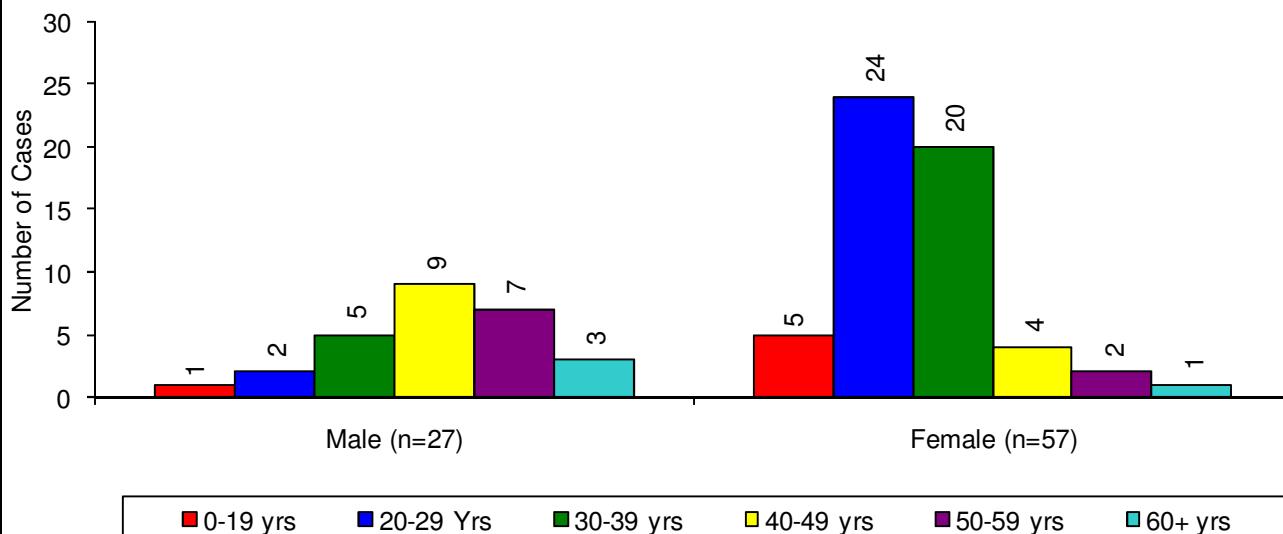


Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

The largest number of gonorrhea cases was reported among black females (1,014), followed by black males (877) (Figure 10). The number of reported cases increased from 2009 to 2010 among all race/ethnicity and sex categories presented, except white females. The number of reported gonorrhea cases among white females decreased from 282 in 2009 to 254 reported cases in 2010. There were differences in the distribution of reported cases by age at diagnosis among the race/ethnicity and sex categories. Among black females, the largest number of gonorrhea cases was reported among those 15-19 years of age. Among all other race/ethnicity and sex categories presented, individuals 20-24 years of age represented the largest number of reported cases.

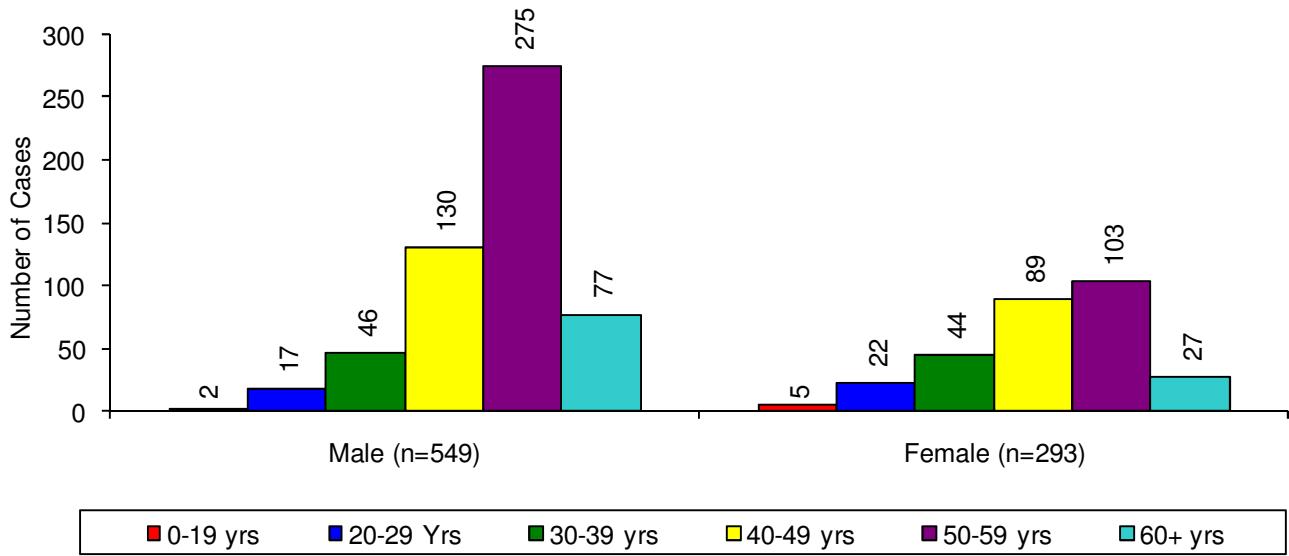
The largest number of chlamydia cases was reported among black females (2,537), followed by white females (1,374). The number of reported chlamydia cases increased from 2009 to 2010 among black males and black females. Among males and white females, the largest number of cases was reported among individuals 20-24 years of age. Among black females, individuals 15-19 years of age represented the largest number of reported cases.

Figure 12. Reported Hepatitis B cases, by sex and by age group at diagnosis, Kansas City HIV Region, 2010



Note: Totals include persons whose age at diagnosis is unknown.

Figure 13. Reported Hepatitis C cases, by sex and by age group at diagnosis, Kansas City HIV Region, 2010



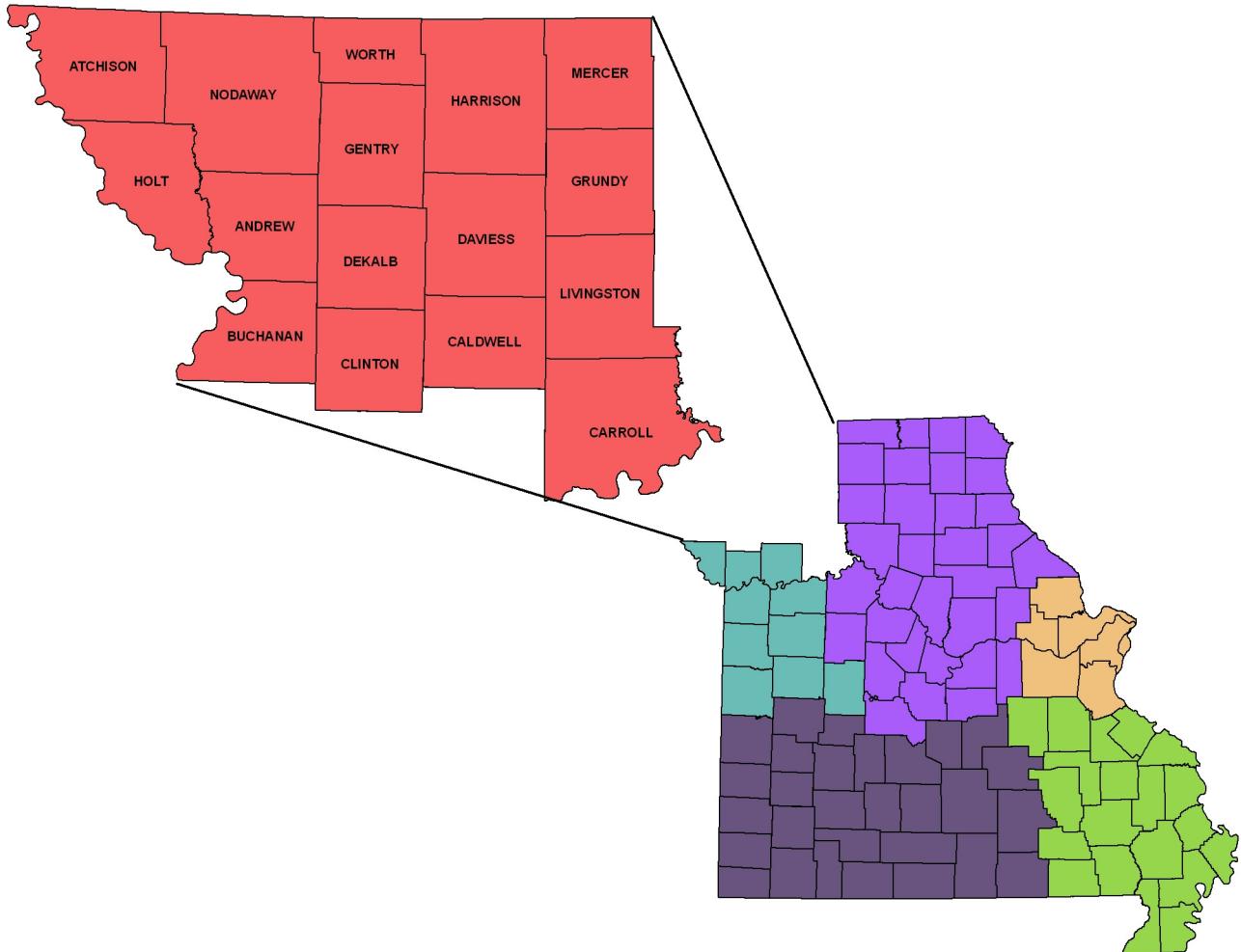
Note: Totals include persons whose age at diagnosis is unknown.

There were 84 reported cases of Hepatitis B in the Kansas City HIV region during 2010 (Figure 12). Females represented 68% of reported Hepatitis B cases. There were differences in the age distribution of reported Hepatitis B cases by sex. Among males, the largest proportion of cases was between 40-49 years of age at diagnosis. The largest proportion of cases was 20-29 years old among females.

In 2010, there were 842 Hepatitis C cases reported in the Kansas City HIV region (Figure 13). Of the reported Hepatitis C cases, 65% were male. There were slight differences in the age at diagnosis of reported Hepatitis C cases by sex. A greater proportion of females were diagnosed at less than 50 years of age (55%) compared to males (36%).

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NORTHWEST REGION



Population Estimates, Northwest HIV Region, 2009													
County	White		Black		Hispanic		Asian/Pacific Islander		Indian/Alaskan Native		Two or More Races		Total
	White	White %	Black	Black %	Hispanic	Hispanic %	Asian/Pacific Islander	Asian/Pacific Islander %	Indian/Alaskan Native	Indian/Alaskan Native %	Two or More Races	Two or More Races %	
Andrew County	16,321	95.7%	220	1.3%	274	1.6%	64	0.4%	58	0.3%	115	0.7%	17,052
Atchison County	5,743	95.1%	135	2.2%	99	1.6%	22	0.4%	15	0.2%	22	0.4%	6,036
Buchanan County	79,956	89.0%	4,069	4.5%	3,553	4.0%	525	0.6%	374	0.4%	1,379	1.5%	89,856
Caldwell County	8,830	96.4%	77	0.8%	118	1.3%	13	0.1%	35	0.4%	87	0.9%	9,160
Carroll County	9,095	95.4%	177	1.9%	108	1.1%	14	0.1%	31	0.3%	110	1.2%	9,535
Clinton County	19,930	94.9%	328	1.6%	320	1.5%	73	0.3%	78	0.4%	273	1.3%	21,002
Daviess County	7,862	97.3%	17	0.2%	97	1.2%	24	0.3%	32	0.4%	46	0.6%	8,078
DeKalb County	10,426	86.1%	1,211	10.0%	188	1.6%	71	0.6%	87	0.7%	129	1.1%	12,112
Gentry County	5,927	97.0%	13	0.2%	59	1.0%	32	0.5%	25	0.4%	52	0.9%	6,108
Grundy County	9,495	94.5%	61	0.6%	322	3.2%	22	0.2%	43	0.4%	104	1.0%	10,047
Harrison County	8,442	96.3%	36	0.4%	144	1.6%	48	0.5%	22	0.3%	77	0.9%	8,769
Holt County	4,745	97.5%	4	0.1%	29	0.6%	5	0.1%	28	0.6%	57	1.2%	4,868
Livingston County	13,369	93.9%	394	2.8%	209	1.5%	72	0.5%	44	0.3%	147	1.0%	14,235
Mercer County	3,414	98.2%	7	0.2%	15	0.4%	0	0.0%	21	0.6%	18	0.5%	3,475
Nodaway County	20,798	94.0%	454	2.1%	244	1.1%	390	1.8%	54	0.2%	190	0.9%	22,130
Worth County	1,974	98.0%	6	0.3%	11	0.5%	2	0.1%	9	0.4%	12	0.6%	2,014
Region Total	226,327	92.6%	7,209	2.9%	5,790	2.4%	1,377	0.6%	956	0.4%	2,818	1.2%	244,477

Figure 1. HIV disease cases (living and deceased), by current HIV vs. AIDS status, Northwest HIV Region, 1982—2010

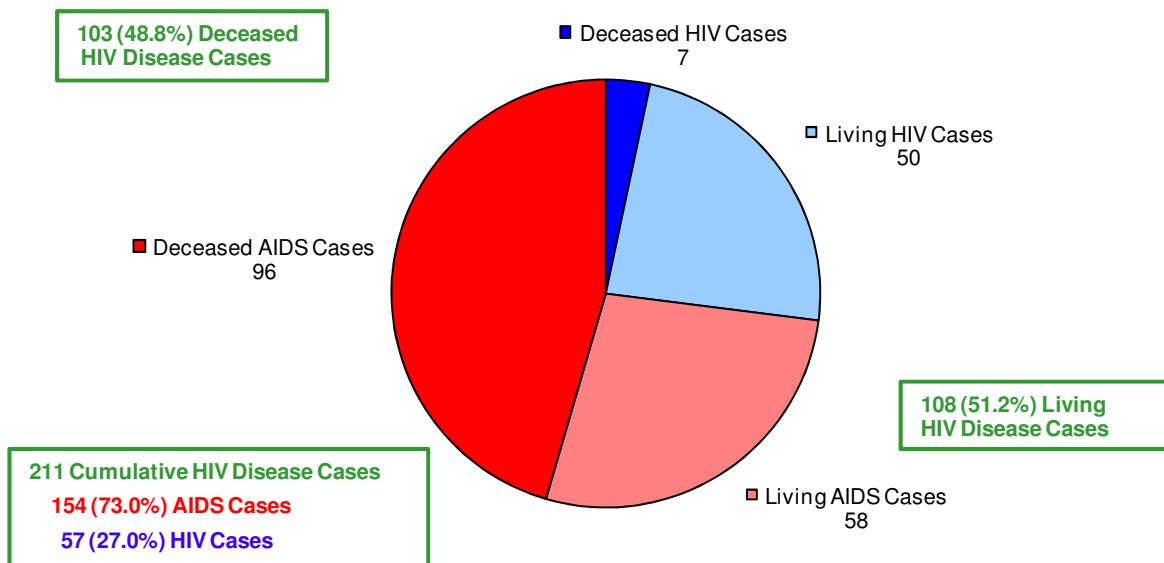
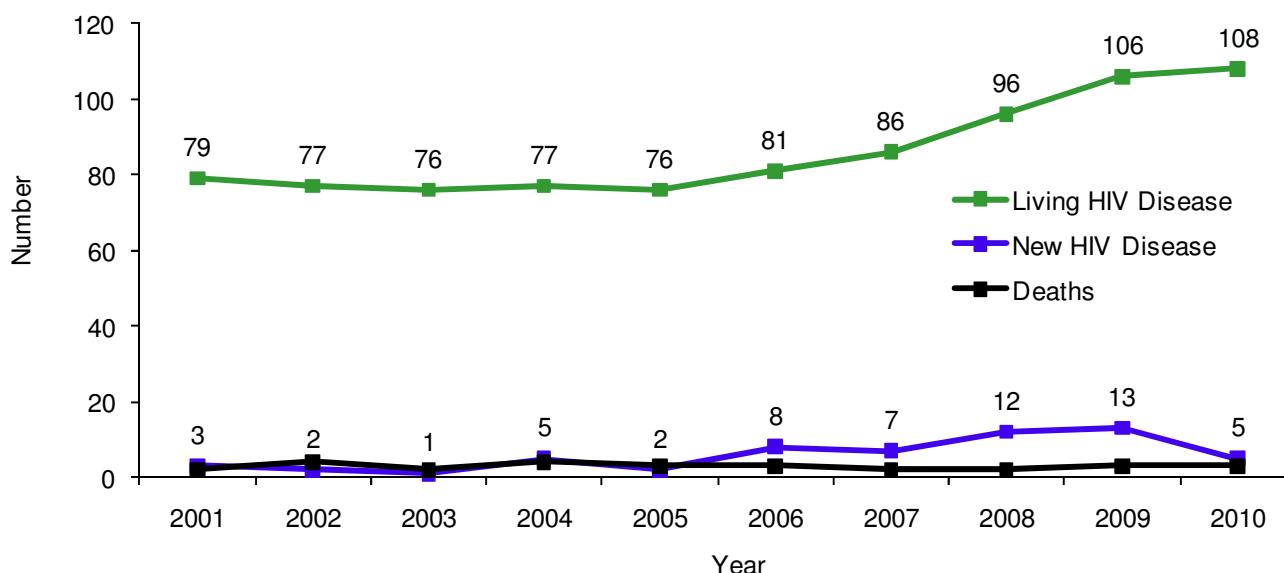


Figure 2. Living and new HIV disease cases and deaths by year*, Northwest HIV Region, 2001—2010

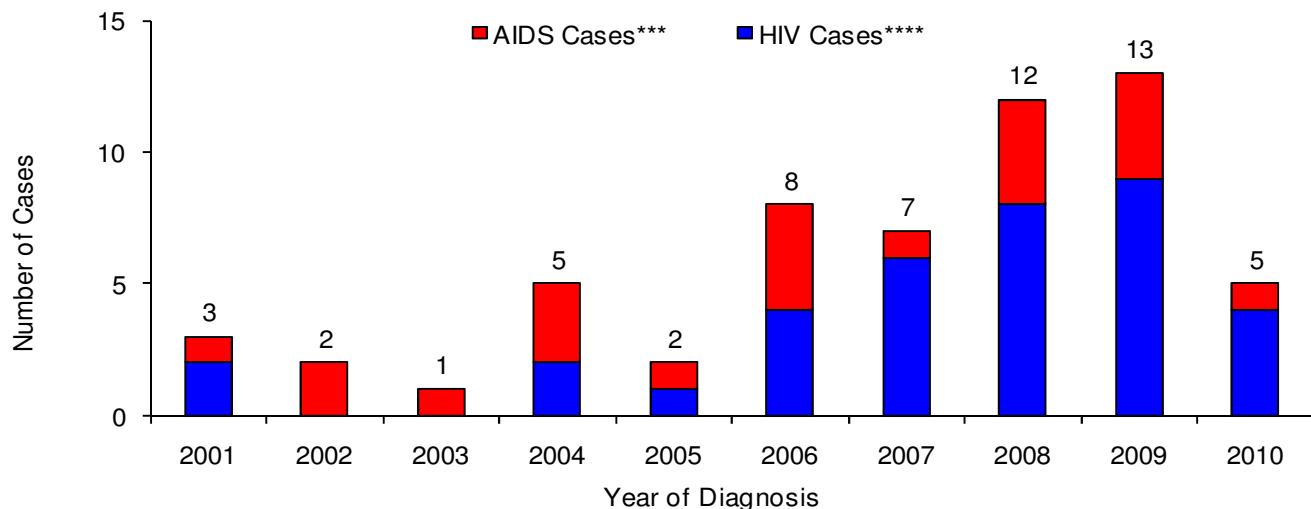


*For living HIV disease cases—the number of individuals living with HIV disease at the end of the year; For new HIV disease cases—the number of individuals newly diagnosed in the year; For HIV disease deaths—the number of individuals that died in the year.

From 1982 to 2010, there have been 211 HIV disease cases diagnosed in the Northwest HIV region and reported to MDHSS (Figure 1). Of the cumulative cases reported, 51% were still presumed to be living with HIV disease at the end of 2010. Among those living with HIV disease, 50 were classified as HIV cases at the end of 2010 and 58 were classified as AIDS cases.

At the end of 2010, there were 108 persons living with HIV disease whose most recent diagnosis occurred in the Northwest HIV region (Figure 2). The number of people living with HIV disease generally increased over time. There were 5 new HIV disease diagnoses in 2010. The number of new diagnoses generally increased from 2005 to 2009, while the number of deaths among persons with HIV disease remained stable. The decrease in new HIV disease diagnoses between 2009 and 2010 may be related to decreased testing, a true decrease in infections, or other factors.

Figure 3. HIV disease cases, by current status* and year of diagnosis, Northwest HIV Region, 2001—2010**



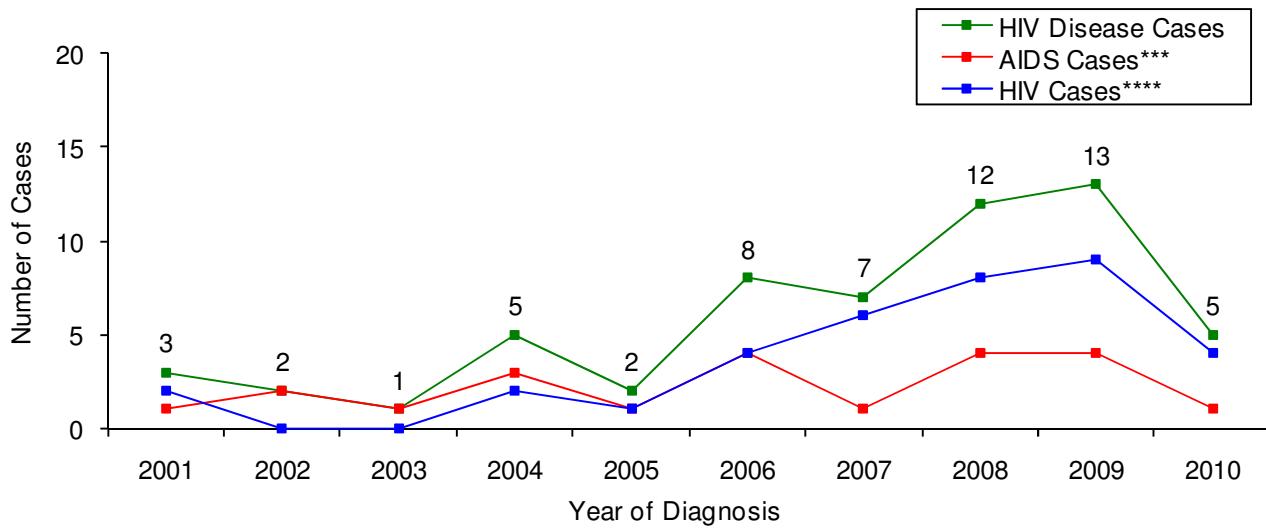
*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Figure 4. Reported HIV disease cases, by current status* and year of diagnosis, Northwest HIV Region, 2001—2010**



*HIV case vs. AIDS case

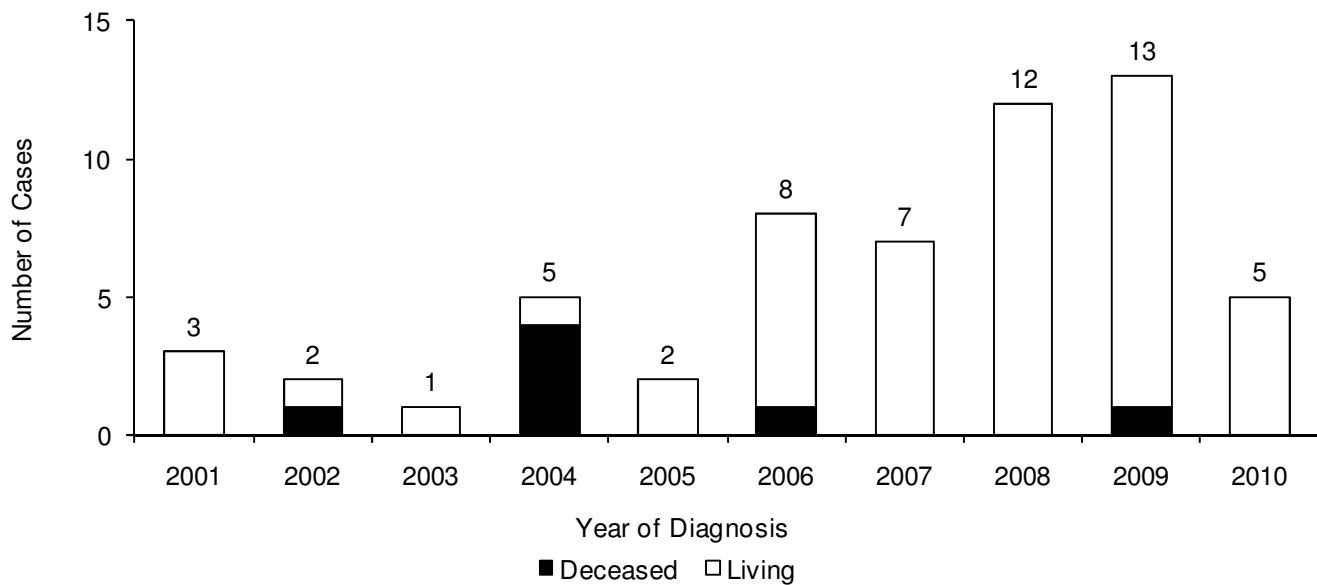
**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

The number of new HIV disease diagnoses generally increased from 2005 to 2009. It is difficult to determine if the decrease between 2009 and 2010 was due to decreased testing, a true decrease in infections, or other factors. Differences in the number of persons sub-classified as AIDS cases each year are due to the progression of the disease over time.

Figure 5. Persons diagnosed with HIV disease by current vital status* and year of diagnosis, Northwest HIV Region, 2001—2010**



*Vital status on December 31, 2010.

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

Of the three persons diagnosed with HIV disease in 2001, no deaths have been reported to MDHSS by the end of 2010 (Figure 5). Among the 5 individuals first diagnosed in 2010, none were deceased at the end of 2010. The difference in the proportion of cases that are deceased is due to the length of time individuals have been living with the disease.

Table 1. Living[†] HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and by current age, Northwest HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	44	88.0%	36.1	46	79.3%	37.7	90	83.3%	73.8
Female	6	12.0%	4.9	12	20.7%	9.8	18	16.7%	14.7
Total	50	100.0%	20.5	58	100.0%	23.7	108	100.0%	44.2
Race/Ethnicity									
White	39	78.0%	17.2	47	81.0%	20.8	86	79.6%	38.0
Black	7	14.0%	97.1	10	17.2%	138.7	17	15.7%	235.8
Hispanic	4	8.0%	69.1	1	1.7%	17.3	5	4.6%	86.4
Asian/Pacific Islander	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	50	100.0%	20.5	58	100.0%	23.7	108	100.0%	44.2
Race/Ethnicity-Males									
White Male	36	81.8%	32.2	38	82.6%	34.0	74	82.2%	66.3
Black Male	4	9.1%	87.0	7	15.2%	152.2	11	12.2%	239.2
Hispanic Male	4	9.1%	130.7	1	2.2%	32.7	5	5.6%	163.4
Asian/Pacific Islander Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Male	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	44	100.0%	36.1	46	100.0%	37.7	90	100.0%	73.8
Race/Ethnicity-Females									
White Female	3	50.0%	2.6	9	75.0%	7.8	12	66.7%	10.5
Black Female	3	50.0%	114.9	3	25.0%	114.9	6	33.3%	229.9
Hispanic Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian/Pacific Islander Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	6	100.0%	4.9	12	100.0%	9.8	18	100.0%	14.7
Current Age[‡]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
13-18	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
19-24	9	18.0%	40.0	0	0.0%	0.0	9	8.3%	40.0
25-44	22	44.0%	36.8	18	31.0%	30.1	40	37.0%	67.0
45-64	17	34.0%	26.7	36	62.1%	56.5	53	49.1%	83.2
65+	2	4.0%	5.1	4	6.9%	10.3	6	5.6%	15.4
Total	50	100.0%	20.5	58	100.0%	23.7	108	100.0%	44.2

[†]Includes persons diagnosed with HIV disease in the Northwest HIV Region who are currently living, regardless of current residence.

*Cases which remained HIV cases at the end of 2010.

**Cases classified as AIDS by December 31, 2010.

***The sum of HIV cases and AIDS cases.

****Per 100,000 population based on 2009 MDHSS estimates.

[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Epi Profiles Summary: Northwest HIV Region

Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and current age, Northwest HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	4	100.0%	3.3	0	0.0%	0.0	4	80.0%	3.3
Female	0	0.0%	0.0	1	100.0%	0.8	1	20.0%	0.8
Total	4	100.0%	1.6	1	100.0%	0.4	5	100.0%	2.0
Race/Ethnicity									
White	3	75.0%	1.3	1	100.0%	0.4	4	80.0%	1.8
Black	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Hispanic	1	25.0%	17.3	0	0.0%	0.0	1	20.0%	17.3
Asian/Pacific Islander	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	4	100.0%	1.6	1	100.0%	0.4	5	100.0%	2.0
Race/Ethnicity-Males									
White Male	3	75.0%	2.7	0	--	0.0	3	75.0%	2.7
Black Male	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
Hispanic Male	1	25.0%	32.7	0	--	0.0	1	25.0%	32.7
Asian/Pacific Islander Male	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
American Indian/Alaskan Native Male	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
Two or More Races/Unknown Male	0	0.0%	--	0	--	--	0	0.0%	--
Total	4	100.0%	3.3	0	--	0.0	4	100.0%	3.3
Race/Ethnicity-Females									
White Female	0	--	0.0	1	100.0%	0.9	1	100.0%	0.9
Black Female	0	--	0.0	0	0.0%	0.0	0	0.0%	0.0
Hispanic Female	0	--	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian/Pacific Islander Female	0	--	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Female	0	--	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	--	--	0	0.0%	--	0	0.0%	--
Total	0	--	0.0	1	100.0%	0.8	1	100.0%	0.8
Current Age‡									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
13-18	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
19-24	2	50.0%	8.9	0	0.0%	0.0	2	40.0%	8.9
25-44	1	25.0%	1.7	0	0.0%	0.0	1	20.0%	1.7
45-64	1	25.0%	1.6	1	100.0%	1.6	2	40.0%	3.1
65+	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	4	100.0%	1.6	1	100.0%	0.4	5	100.0%	2.0

*HIV cases diagnosed during 2010 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2010.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases diagnosed prior to 2010 with HIV, which progressed to AIDS in 2010.

****Per 100,000 population based on 2009 MDHSS estimates.

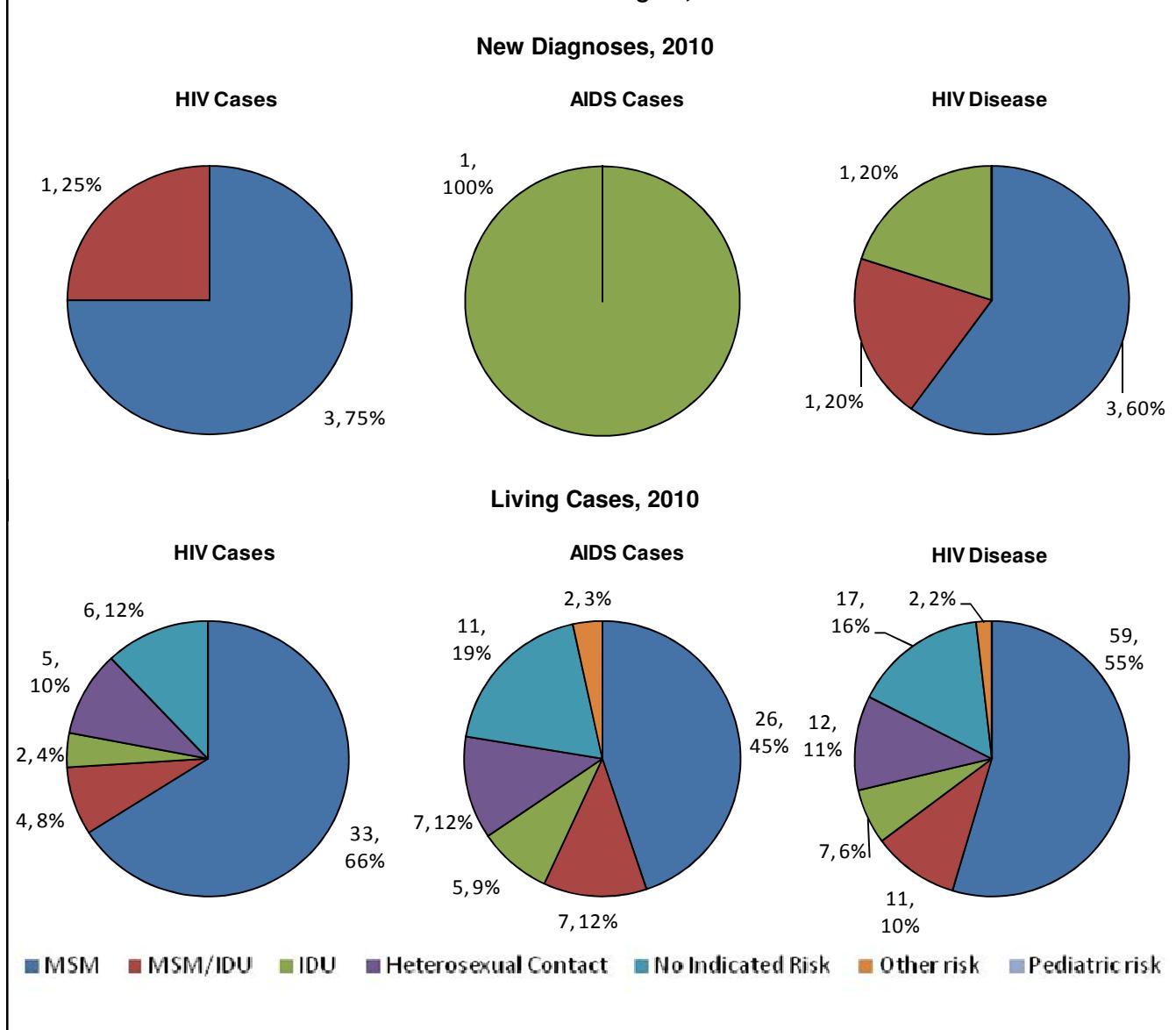
†Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Of the 108 persons living with HIV disease at the end of 2010, 83% were males (Table 1). The rate of those living with HIV disease was 5.0 times greater among males than females. Although whites represented the largest proportion of living HIV disease cases (80%), the rate of those living with HIV disease was 6.2 times greater among blacks than whites. The rate was 2.3 times greater among Hispanics than whites. However, the number of Hispanics living with HIV disease was small, and the results should be interpreted with caution. Blacks comprised a larger proportion of female cases living with HIV disease (33%) compared to male cases (12%). The greatest proportion of living HIV disease cases was 45-64 years old at the end of 2010 (49%).

Of the 5 persons newly diagnosed with HIV disease in 2010, 20% were classified as AIDS cases by the end of 2010 (Table 2). Males represented 80% of all new diagnoses. The majority of all new HIV and AIDS cases diagnosed occurred among whites (80%). An equal number of new diagnoses occurred among individuals 19-24 and 45-64 years of age (2).

Figure 6. Diagnosed and living HIV, AIDS, and HIV disease cases by exposure category, Northwest HIV Region, 2010



Among all categories except new AIDS cases, the greatest proportion of cases with a known risk factor were attributed to MSM (Figure 6). The large proportion of cases with no indicated risk made trends difficult to interpret for all categories. The surveillance program examined methods to improve the identification and reporting of exposure category information.

Table 3. New and living HIV and AIDS cases and rates, by geographic area, Northwest HIV Region, 2010

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2010*			Living			Diagnosed 2010**			Living		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Buchanan County	4	100.0%	4.5	33	66.0%	36.7	1	100.0%	1.1	37	63.8%	41.2
Clinton County	0	0.0%	0.0	3	6.0%	14.3	0	0.0%	0.0	4	6.9%	19.0
Andrew County	0	0.0%	0.0	2	4.0%	11.7	0	0.0%	0.0	2	3.4%	11.7
Caldwell County	0	0.0%	0.0	2	4.0%	21.8	0	0.0%	0.0	3	5.2%	32.8
Nodaway County	0	0.0%	0.0	5	10.0%	22.6	0	0.0%	0.0	3	5.2%	13.6
Remainder of Region	0	0.0%	0.0	5	10.0%	5.9	0	0.0%	0.0	9	15.5%	10.6
NORTHWEST HIV REGION	4	100.0%	1.6	50	100.0%	20.5	1	100.0%	0.4	58	100.0%	23.7

*HIV cases diagnosed and reported to the Department during 2010 which remained HIV cases at the end of the year.

**Does not include HIV cases that progressed to AIDS.

***Per 100,000 population based on 2009 MDHSS estimates.

Note: Percentages may not total due to rounding.

The greatest proportions of new and living HIV disease cases were diagnosed in Buchanan County (Table 3). In Buchanan County, 54% of living HIV disease cases progressed to AIDS by the end of 2010. The rates of individuals living with HIV and AIDS were also greatest in Buchanan County.

Table 4. Newly diagnosed and living HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Northwest HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	3	100.0%	30	90.9%	0	--	24	92.3%
Black	0	0.0%	2	6.1%	0	--	2	7.7%
Hispanic	0	0.0%	1	3.0%	0	--	0	0.0%
Other/Unknown	0	0.0%	0	0.0%	0	--	0	0.0%
NORTHWEST HIV REGION TOTAL	3	100.0%	33	100.0%	0	--	26	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 5. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by current age group, Northwest HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	4	7.4%	1	25.0%	1	100.0%	6	10.2%
25-44	18	33.3%	1	25.0%	0	0.0%	19	32.2%
45-64	29	53.7%	2	50.0%	0	0.0%	31	52.5%
65+	3	5.6%	0	0.0%	0	0.0%	3	5.1%
NORTHWEST HIV REGION TOTAL	54	100.0%	4	100.0%	1	100.0%	59	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 6. Living HIV disease cases in men who have sex with men, by geographic area, Northwest HIV Region, 2010

Geographic Area	Cases	%
Buchanan County	41	69.5%
Remaining Counties	18	30.5%
NORTHWEST HIV REGION TOTAL	59	100.0%

There were three new HIV disease diagnoses attributed to men who have sex with men (MSM) in 2010 for the Northwest HIV region (Table 4). All new diagnoses occurred among whites. There were 59 living HIV disease cases attributed to MSM in the Northwest HIV region. Whites represented 91% of living HIV cases and 92% of living AIDS cases.

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM (Table 5). Among white and black MSM living with HIV disease, the greatest proportion was between 45-64 years of age at the end of 2010.

Buchanan County residents accounted for the largest number of living MSM in the Northwest HIV region (Table 6).

Epi Profiles Summary: Northwest HIV Region

Table 7. Newly diagnosed and living HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, Northwest HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
Cases	%	Cases	%	Cases	%	Cases	%	
White	0	0.0%	3	75.0%	0	--	7	100.0%
Black	0	0.0%	0	0.0%	0	--	0	0.0%
Hispanic	1	100.0%	1	25.0%	0	--	0	0.0%
Other/Unknown	0	0.0%	0	0.0%	0	--	0	0.0%
NORTHWEST REGION TOTAL	1	100.0%	4	100.0%	0	--	7	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 8. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by current age group, Northwest HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	--	0	0.0%	0	0.0%
19-24	0	0.0%	0	--	1	100.0%	1	9.1%
25-44	4	40.0%	0	--	0	0.0%	4	36.4%
45-64	6	60.0%	0	--	0	0.0%	6	54.5%
65+	0	0.0%	0	--	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL	10	100.0%	0	--	1	100.0%	11	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.
**Percentage of cases per age group.
Note: Percentages may not total due to rounding.

Table 9. Living HIV disease cases in men who have sex with men and inject drugs, by geographic area, Northwest HIV Region, 2010

Geographic Area	Cases	%
NORTHWEST HIV REGION TOTAL	11	100.0%

There was one new HIV disease diagnosis attributed to men who have sex with men and inject drugs (MSM/IDU) in 2010 for the Northwest HIV region (Table 7). There were 11 MSM/IDU living with HIV disease at the end of 2010 whose most recent diagnosis occurred in the Northwest region. Whites represented the largest proportion of both living HIV and AIDS cases.

Overall, the majority of MSM/IDU living with HIV disease were between 45-64 years of age at the end of 2010 (Table 8).

Table 10. Newly diagnosed and living HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, Northwest HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	--	0	0.0%	0	0.0%	2	40.0%
Black Male	0	--	1	50.0%	0	0.0%	2	40.0%
Hispanic Male	0	--	0	0.0%	0	0.0%	0	0.0%
White Female	0	--	1	50.0%	1	100.0%	1	20.0%
Black Female	0	--	0	0.0%	0	0.0%	0	0.0%
Hispanic Female	0	--	0	0.0%	0	0.0%	0	0.0%
NORTHWEST HIV REGION TOTAL[†]	0	--	2	100.0%	1	100.0%	5	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
[†]Includes persons whose race/ethnicity is either unknown or not listed.
Note: Percentages may not total due to rounding.

Table 11. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by current age group, Northwest HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	--	0	0.0%
19-24	0	0.0%	0	0.0%	0	0.0%	0	--	0	0.0%
25-44	0	0.0%	1	33.3%	1	50.0%	0	--	2	28.6%
45-64	2	100.0%	2	66.7%	1	50.0%	0	--	5	71.4%
65+	0	0.0%	0	0.0%	0	0.0%	0	--	0	0.0%
NORTHWEST HIV REGION TOTAL	2	100.0%	3	100.0%	2	100.0%	0	--	7	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.
**Percentage of cases per age group.
Note: Percentages may not total due to rounding.

Table 12. Living HIV disease cases in injecting drug users, by geographic area, Northwest HIV Region, 2010

Geographic Area	Cases	%
NORTHWEST HIV REGION TOTAL	7	100.0%

There was one new HIV disease diagnosis attributed to injecting drug users (IDU) in 2010 for the Northwest HIV region (Table 10). There were seven living HIV disease cases attributed to IDU at the end of 2010 in the Northwest HIV region. Of the living HIV disease cases, 71% were classified as AIDS at the end of 2010. Males represented all but two of the living cases among IDU.

Among IDU living with HIV disease, five were between 45-64 years old and two were 25-44 years old at the end of 2010 (Table 11).

Epi Profiles Summary: Northwest HIV Region

Table 13. Newly diagnosed and living HIV and AIDS cases in heterosexual contacts, by selected race/ethnicity and sex, Northwest HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	--	1	20.0%	0	--	0	0.0%
Black Male	0	--	0	0.0%	0	--	0	0.0%
Hispanic Male	0	--	0	0.0%	0	--	0	0.0%
White Female	0	--	2	40.0%	0	--	5	71.4%
Black Female	0	--	2	40.0%	0	--	2	28.6%
Hispanic Female	0	--	0	0.0%	0	--	0	0.0%
NORTHWEST HIV REGION TOTAL[†]	0	--	5	100.0%	0	--	7	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

[†]Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 14. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity and sex, by current age group, Northwest HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	--	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	--	0	0.0%	0	0.0%	0	0.0%
25-44	0	0.0%	0	--	3	42.9%	3	75.0%	6	50.0%
45-64	0	0.0%	0	--	3	42.9%	1	25.0%	4	33.3%
65+	1	100.0%	0	--	1	14.3%	0	0.0%	2	16.7%
NORTHWEST HIV REGION TOTAL	1	100.0%	0	--	7	100.0%	4	100.0%	12	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 15. Living HIV disease cases in heterosexual contacts, by geographic area, Northwest HIV Region, 2010

Geographic Area	Cases	%
Buchanan County	7	58.3%
Remaining Counties	5	41.7%
NORTHWEST HIV REGION TOTAL	12	100.0%

There were no new HIV disease diagnoses attributed to heterosexual contact in 2010 for the Northwest HIV region (Table 13). There were 12 living HIV disease cases attributed to heterosexual contact at the end of 2010 in the Northwest HIV region. Of the living cases, 58% were classified as AIDS at the end of 2010. Females represented all but one of the living HIV disease cases.

At the end of 2010, persons 25-44 years of age comprised the largest number of heterosexual contact cases living with HIV disease in the Northwest HIV region (Table 14).

Figure 7. Reported P&S syphilis cases, by race and sex, by age group at diagnosis, Northwest HIV Region, 2010

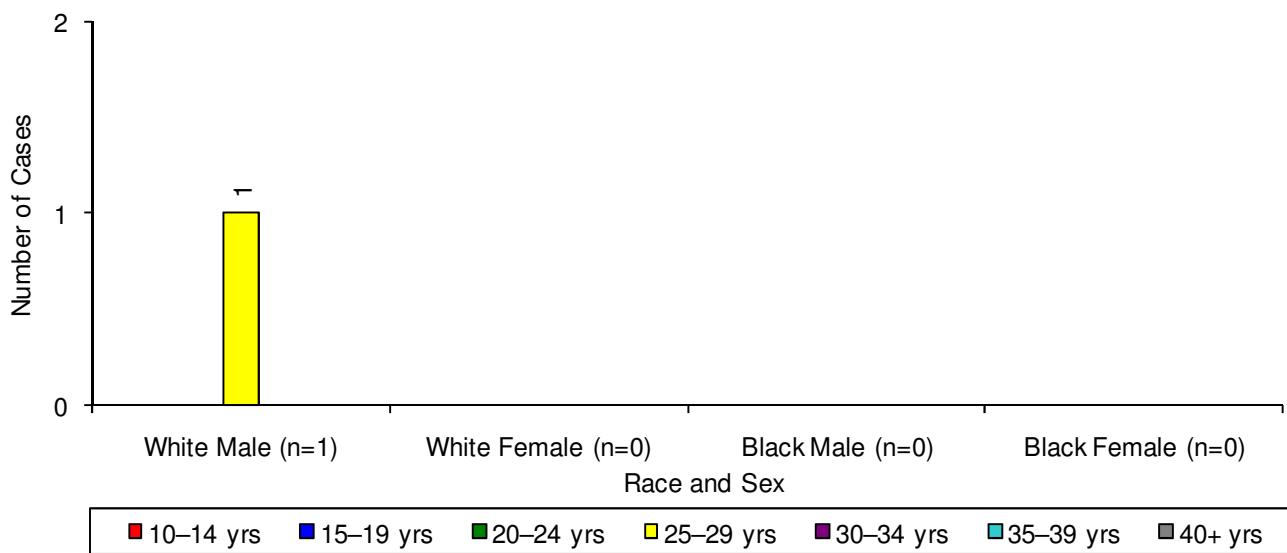
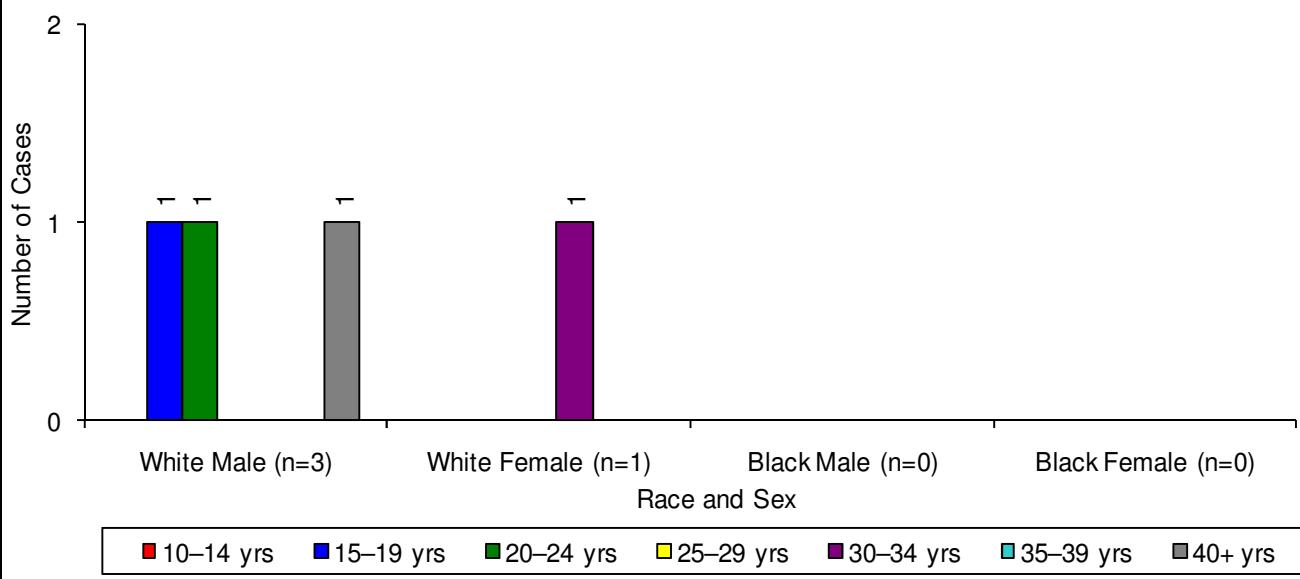


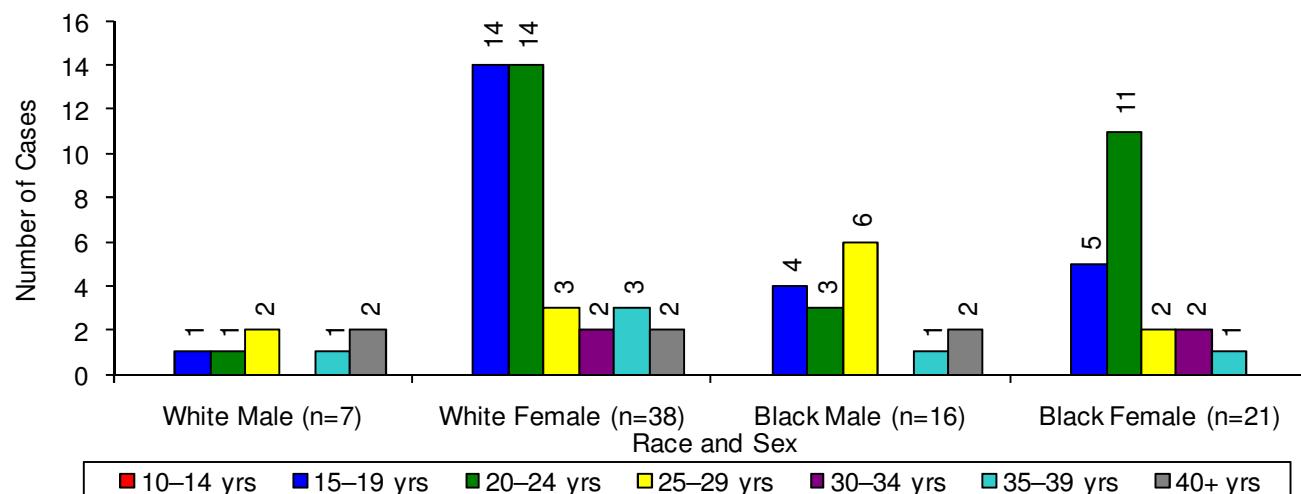
Figure 8. Reported early latent syphilis cases, by race and sex, by age group at diagnosis, Northwest HIV Region, 2010



Of the two P&S cases reported in the Northwest HIV region in 2010, one was reported among white males; the other case was reported among a male of another race category not presented in the chart (Figure 7). The number of reported cases decreased from 2009 to 2010 among white males (3 to 1). No P&S syphilis cases were reported among white females, black males or black females in 2009 or 2010.

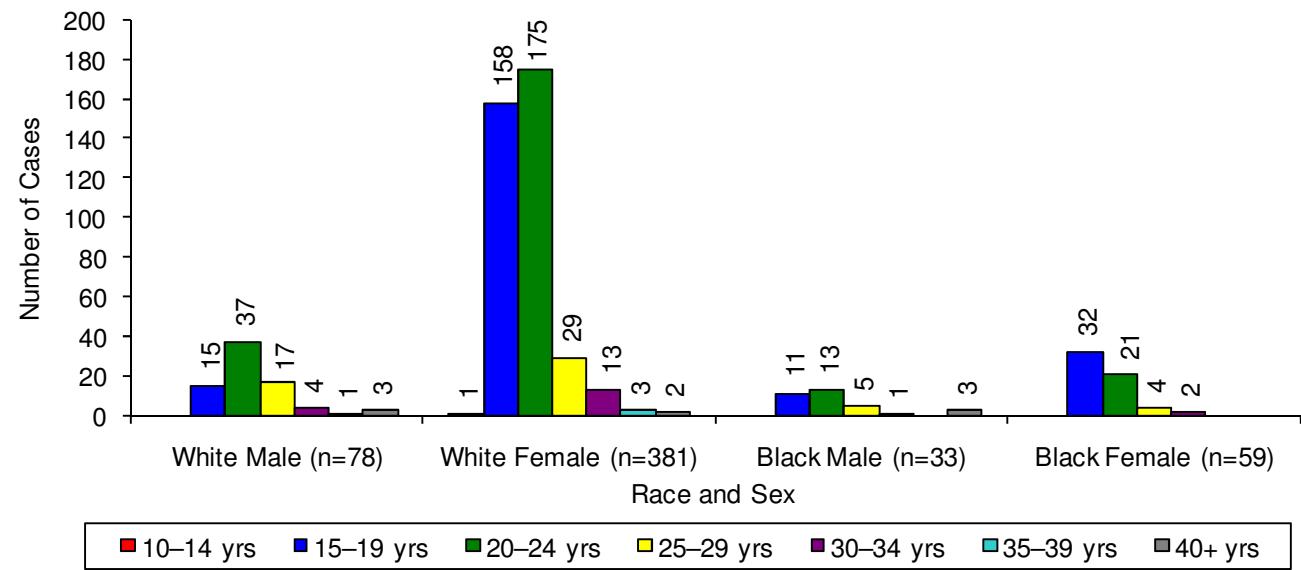
Early latent syphilis cases were only reported among whites (Figure 8). The number of reported early latent syphilis cases remained the same from 2009 to 2010 among white males and increased among white females (0 to 1). No cases were reported among black males or females in 2009 or 2010.

Figure 9. Reported gonorrhea cases, by race and sex, by age group at diagnosis, Northwest HIV Region, 2010



Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

Figure 10. Reported chlamydia cases, by race and sex, by age group at diagnosis, Northwest HIV Region, 2010

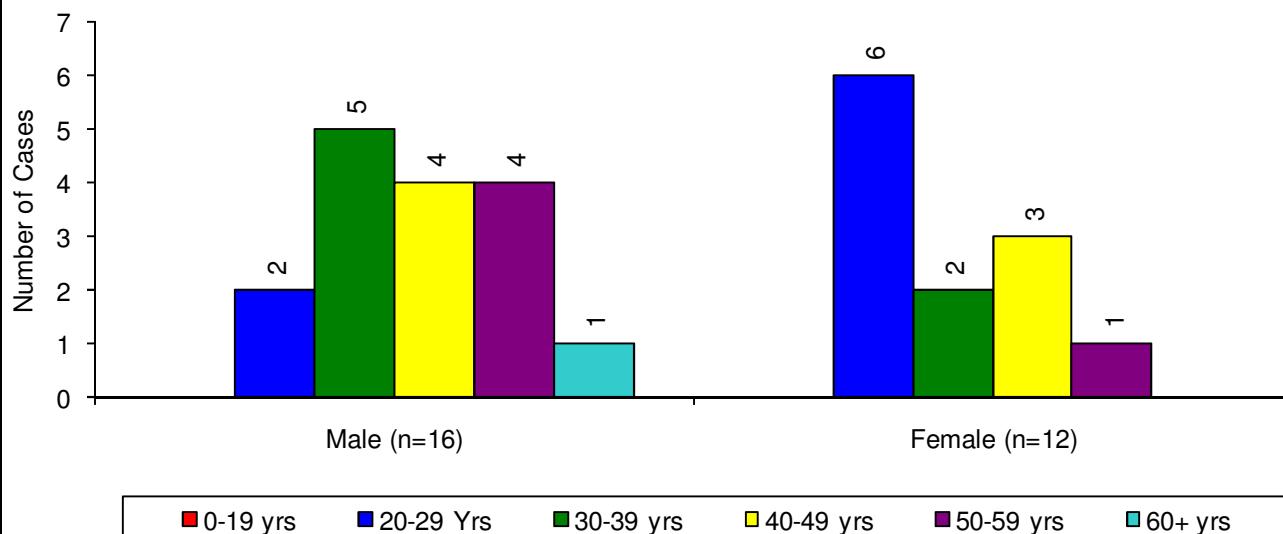


Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

The largest number of gonorrhea cases was reported among white females (38), followed by black females (21) (Figure 9). The number of reported cases increased from 2009 to 2010 among black females (9 to 21) and decreased in white males (12 to 7) and black males (21 to 16). The number of gonorrhea cases among white females remained the same during 2009 and 2010. Among white females, the largest numbers of reported cases were diagnosed between 15-19 and 20-24 years of age. The largest numbers of reported cases were diagnosed between 20-24 years of age among black females.

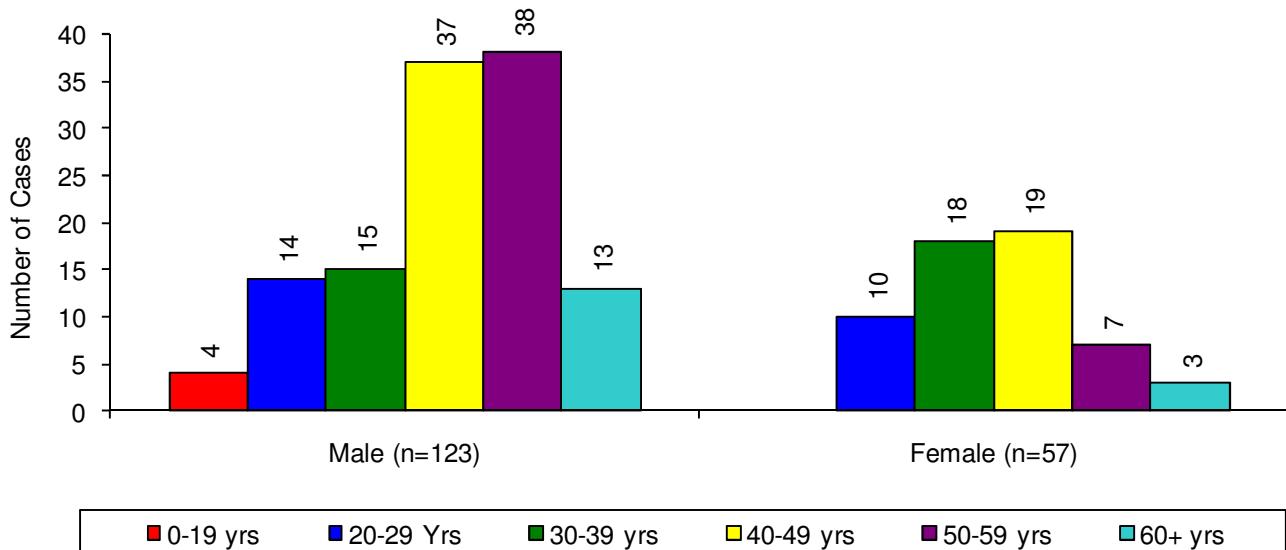
The largest numbers of chlamydia cases were reported among white females (381) and white males (78). The number of reported cases decreased among white males from 96 to 78, among white females from 383 to 381 and among black males from 35 to 33. Among black females, the number of chlamydia cases increased (50 to 59) in 2010. Among black females, individuals 15-19 years of age represented the largest number of reported cases. Among all other race/ethnicity and sex categories presented the largest number of reported cases was diagnosed between 20-24 years of age.

Figure 11. Reported Hepatitis B cases, by sex and by age group at diagnosis, Northwest HIV Region, 2010



Note: Totals include persons whose age at diagnosis is unknown.

Figure 12. Reported Hepatitis C cases, by sex and by age group at diagnosis, Northwest HIV Region, 2010

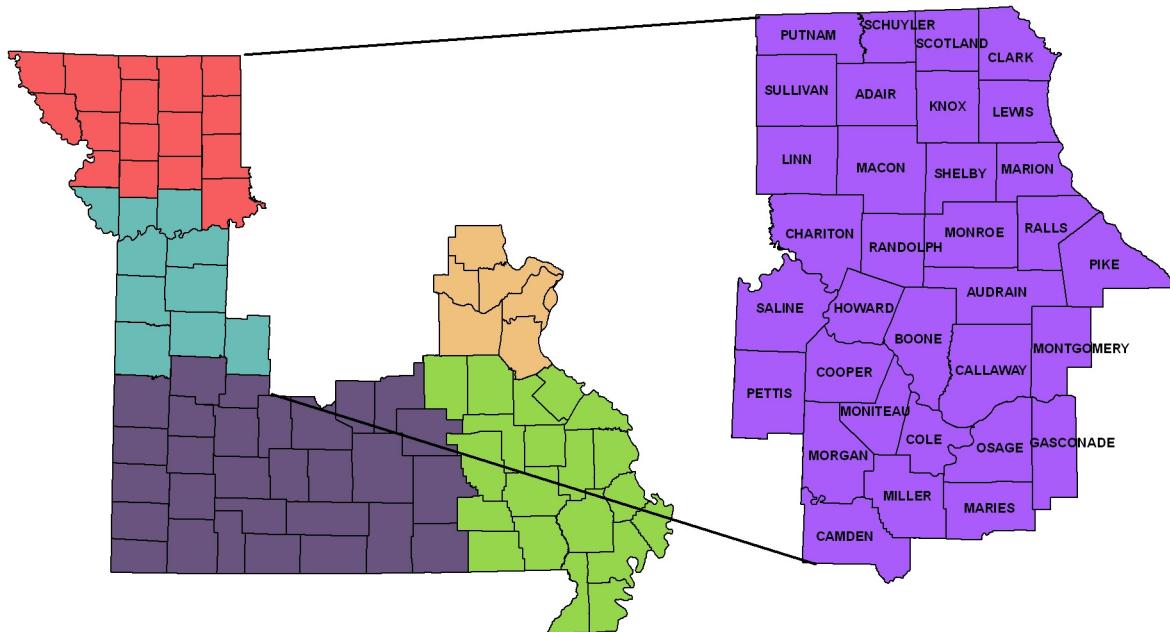


Note: Totals include persons whose age at diagnosis is unknown.

There were 28 reported cases of Hepatitis B in the Northwest HIV region during 2010 (Figure 11). Females represented 43% of reported Hepatitis B cases, which was lower than the proportion of females cases reported in Missouri overall (56%). There were differences in the age distribution of reported Hepatitis B cases by sex. Among males, the largest numbers of cases were between 30-39 years of age. Among females, the largest numbers of cases were between 20-29 years of age.

In 2010, there were 180 Hepatitis C cases reported in the Northwest HIV region (Figure 12). Of the reported Hepatitis C cases, 68% were male. There were differences in the age distribution of reported Hepatitis C cases by sex. Among males, the largest numbers of cases were between 40-49 and 50-59 years of age. Among females, the largest numbers of cases were between 30-39 and 40-49 years of age.

NORTH CENTRAL REGION



Population Estimates, North Central HIV Region, 2009

County	White		Black		Hispanic		Asian/Pacific Islander		Indian/Alaskan Native		Two or More Races		Total
Adair County	23,367	93.0%	402	1.6%	549	2.2%	485	1.9%	69	0.3%	263	1.0%	25,135
Audrain County	22,562	88.3%	2,112	8.3%	384	1.5%	109	0.4%	85	0.3%	304	1.2%	25,556
Boone County	130,237	83.3%	13,629	8.7%	4,157	2.7%	4,977	3.2%	670	0.4%	2,707	1.7%	156,377
Callaway County	39,596	90.6%	2,271	5.2%	672	1.5%	380	0.9%	226	0.5%	582	1.3%	43,727
Camden County	38,940	95.7%	287	0.7%	679	1.7%	172	0.4%	189	0.5%	438	1.1%	40,705
Chariton County	7,204	94.9%	257	3.4%	58	0.8%	11	0.1%	14	0.2%	50	0.7%	7,594
Clark County	6,978	97.9%	14	0.2%	67	0.9%	6	0.1%	15	0.2%	47	0.7%	7,127
Cole County	63,463	84.6%	7,742	10.3%	1,503	2.0%	1,082	1.4%	245	0.3%	983	1.3%	75,018
Cooper County	15,287	88.4%	1,403	8.1%	270	1.6%	47	0.3%	66	0.4%	225	1.3%	17,298
Gasconade County	14,670	97.2%	74	0.5%	153	1.0%	26	0.2%	32	0.2%	141	0.9%	15,096
Howard County	8,891	90.2%	646	6.6%	129	1.3%	20	0.2%	36	0.4%	135	1.4%	9,857
Knox County	3,886	97.6%	11	0.3%	28	0.7%	4	0.1%	1	0.0%	51	1.3%	3,981
Lewis County	9,262	94.6%	287	2.9%	97	1.0%	25	0.3%	19	0.2%	101	1.0%	9,791
Linn County	12,130	96.2%	114	0.9%	167	1.3%	19	0.2%	52	0.4%	124	1.0%	12,606
Macon County	14,513	94.5%	383	2.5%	194	1.3%	28	0.2%	70	0.5%	171	1.1%	15,359
Maries County	8,420	95.5%	78	0.9%	146	1.7%	10	0.1%	52	0.6%	115	1.3%	8,821
Marion County	26,054	91.6%	1,386	4.9%	376	1.3%	108	0.4%	79	0.3%	446	1.6%	28,449
Miller County	23,836	96.2%	187	0.8%	329	1.3%	53	0.2%	112	0.5%	261	1.1%	24,778
Moniteau County	13,582	89.8%	623	4.1%	614	4.1%	59	0.4%	60	0.4%	194	1.3%	15,132
Monroe County	8,372	93.1%	373	4.1%	88	1.0%	29	0.3%	41	0.5%	90	1.0%	8,993
Montgomery County	11,041	94.4%	267	2.3%	135	1.2%	47	0.4%	36	0.3%	172	1.5%	11,698
Morgan County	19,730	96.1%	159	0.8%	225	1.1%	43	0.2%	135	0.7%	235	1.1%	20,527
Osage County	13,228	97.5%	51	0.4%	102	0.8%	24	0.2%	32	0.2%	124	0.9%	13,561
Pettis County	35,666	86.1%	1,232	3.0%	3,324	8.0%	330	0.8%	153	0.4%	716	1.7%	41,421
Pike County	15,850	86.1%	1,634	8.9%	604	3.3%	38	0.2%	49	0.3%	231	1.3%	18,406
Putnam County	4,670	98.1%	5	0.1%	45	0.9%	7	0.1%	5	0.1%	27	0.6%	4,759
Ralls County	9,317	96.7%	126	1.3%	84	0.9%	8	0.1%	20	0.2%	79	0.8%	9,634
Randolph County	22,683	88.9%	1,697	6.7%	417	1.6%	214	0.8%	123	0.5%	367	1.4%	25,501
Saline County	19,072	83.6%	1,141	5.0%	1,956	8.6%	181	0.8%	52	0.2%	419	1.8%	22,821
Schuylerville County	4,049	97.7%	2	0.0%	30	0.7%	8	0.2%	13	0.3%	42	1.0%	4,144
Scotland County	4,707	98.0%	11	0.2%	42	0.9%	6	0.1%	8	0.2%	29	0.6%	4,803
Shelby County	6,105	96.5%	81	1.3%	57	0.9%	10	0.2%	22	0.3%	50	0.8%	6,325
Sullivan County	5,524	80.8%	24	0.4%	1,202	17.6%	16	0.2%	13	0.2%	56	0.8%	6,835
Region Total	662,892	89.4%	38,709	5.2%	18,883	2.5%	8,582	1.2%	2,794	0.4%	9,975	1.3%	741,835

Figure 1. HIV disease cases (living and deceased), by current HIV vs. AIDS status, North Central HIV Region, 1982—2010

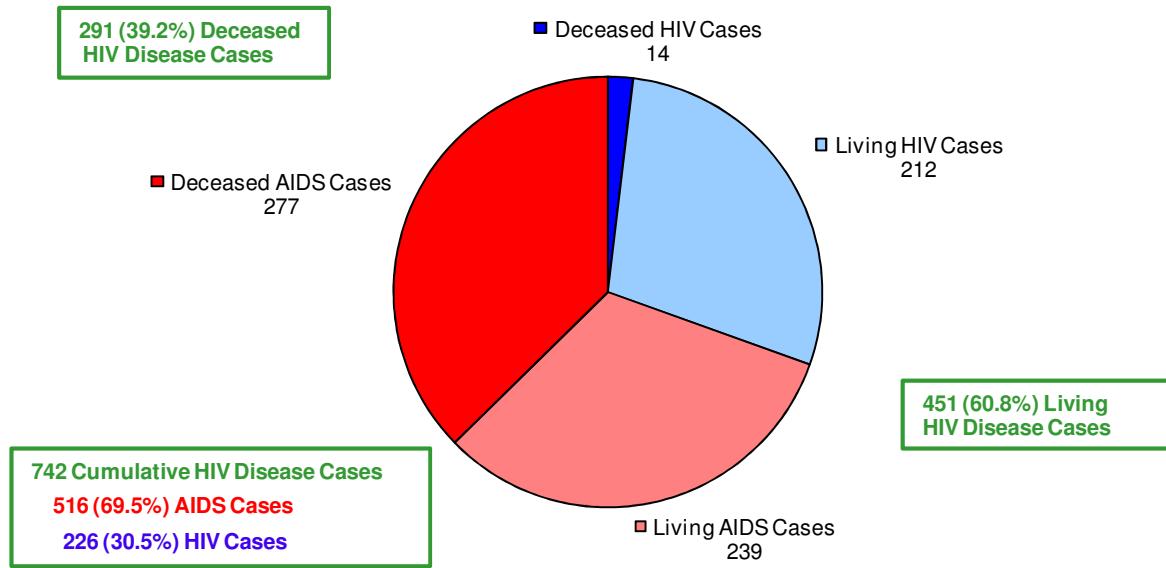
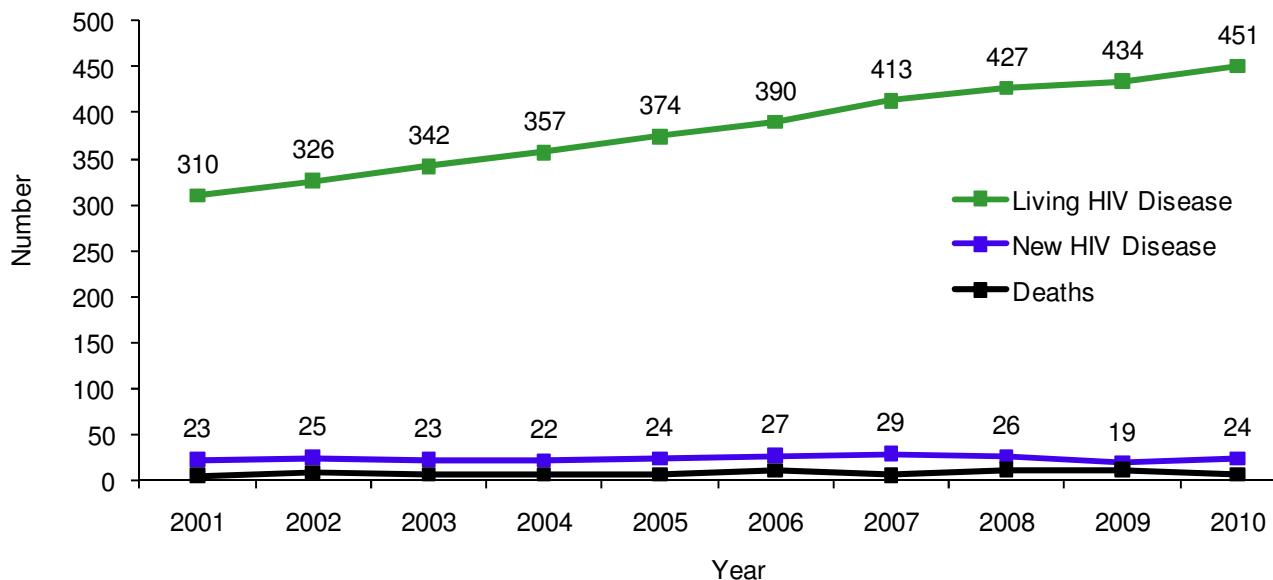


Figure 2. Living and new HIV disease cases and deaths by year*, North Central HIV Region, 2001—2010

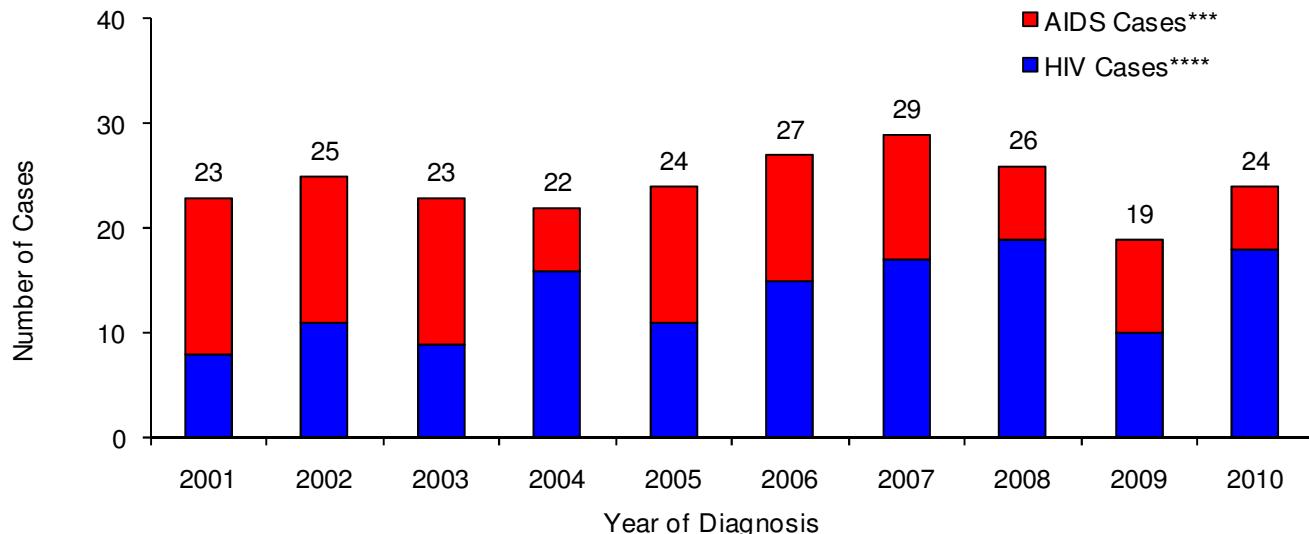


*For living HIV disease cases—the number of individuals living with HIV disease at the end of the year; For new HIV disease cases—the number of individuals newly diagnosed in the year; For HIV disease deaths—the number of individuals that died in the year.

From 1982 to 2010, there have been a total of 742 HIV disease cases diagnosed in the North Central HIV region and reported to MDHSS (Figure 1). Of the cumulative cases reported, 61% were still presumed to be living with HIV disease at the end of 2010. Among those living with HIV disease, 212 were classified as HIV cases at the end of 2010 and 239 were classified as AIDS cases.

At the end of 2010, there were 451 persons living with HIV disease whose most recent diagnosis occurred in the North Central HIV region (Figure 2). The number of people living with HIV disease increased every year from 2001 to 2010. There were 24 new HIV disease diagnoses in 2010. The number of new diagnoses and the number of deaths among persons with HIV disease has remained generally stable.

Figure 3. HIV disease cases, by current status* and year of diagnosis, North Central HIV Region, 2001—2010**



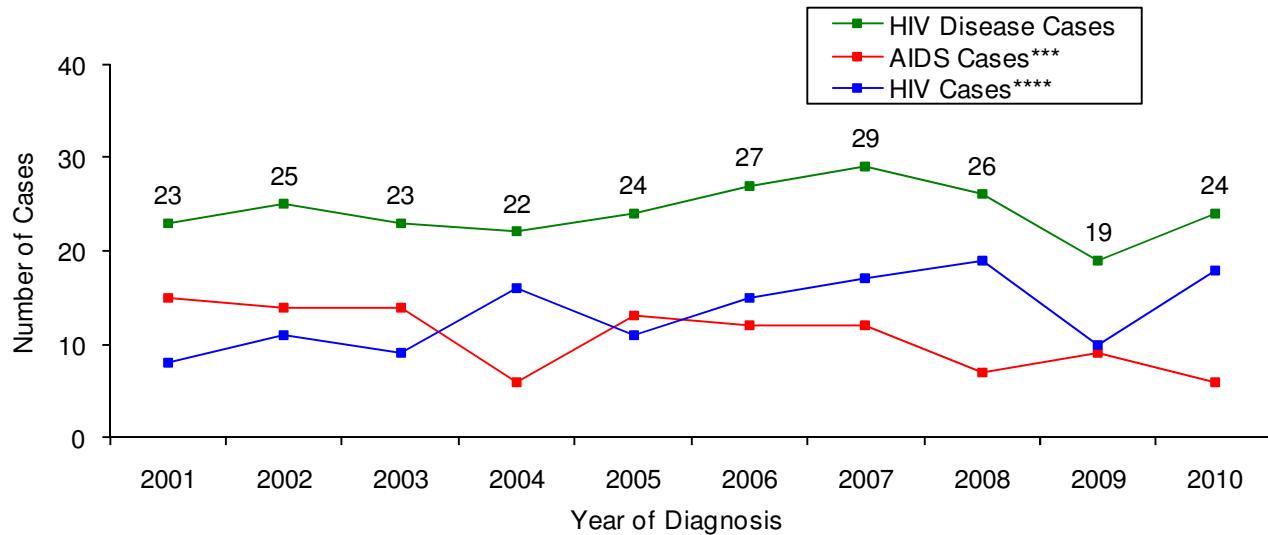
*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Figure 4. Reported HIV disease cases, by current status* and year of diagnosis, North Central HIV Region, 2001—2010**



*HIV case vs. AIDS case

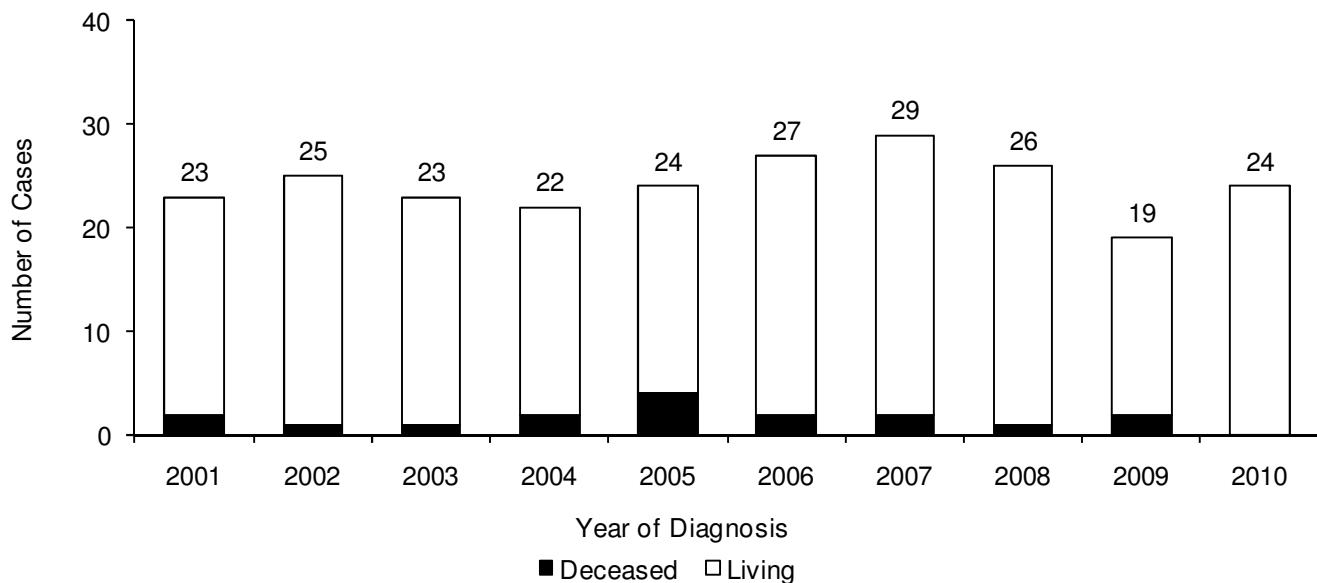
**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

The number of new diagnoses was generally stable, with slight fluctuations seen from 2001-2010 in the North Central HIV region (Figures 3 and 4). Differences in the number of persons sub-classified as AIDS cases each year are due to the progression of the disease over time.

Figure 5. Persons diagnosed with HIV disease by current vital status* and year of diagnosis, North Central HIV Region, 2001—2010**



*Vital status on December 31, 2010.

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

Of the 23 persons diagnosed with HIV disease in 2001, two (9%) were deceased by the end of 2010 (Figure 5). Among the 24 persons first diagnosed in 2010, no deaths have been reported to MDHSS. The difference in the proportion of cases that are deceased is due to the length of time individuals have been living with the disease.

Table 1. Living[†] HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and by current age, North Central HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	160	75.5%	43.6	182	76.2%	49.5	342	75.8%	93.1
Female	52	24.5%	13.9	57	23.8%	15.2	109	24.2%	29.1
Total	212	100.0%	28.6	239	100.0%	32.2	451	100.0%	60.8
Race/Ethnicity									
White	145	68.4%	21.9	157	65.7%	23.7	302	67.0%	45.6
Black	54	25.5%	139.5	64	26.8%	165.3	118	26.2%	304.8
Hispanic	11	5.2%	58.3	14	5.9%	74.1	25	5.5%	132.4
Asian/Pacific Islander	1	0.5%	11.7	2	0.8%	23.3	3	0.7%	35.0
American Indian/Alaskan Native	0	0.0%	0.0	1	0.4%	35.8	1	0.2%	35.8
Two or More Races/Unknown	1	0.5%	--	1	0.4%	--	2	0.4%	--
Total	212	100.0%	28.6	239	100.0%	32.2	451	100.0%	60.8
Race/Ethnicity-Males									
White Male	112	70.0%	34.4	129	70.9%	39.6	241	70.5%	74.1
Black Male	38	23.8%	181.0	39	21.4%	185.8	77	22.5%	366.8
Hispanic Male	9	5.6%	88.1	11	6.0%	107.7	20	5.8%	195.8
Asian/Pacific Islander Male	0	0.0%	0.0	2	1.1%	46.9	2	0.6%	46.9
American Indian/Alaskan Native Male	0	0.0%	0.0	1	0.5%	71.0	1	0.3%	71.0
Two or More Races/Unknown Male	1	0.6%	--	0	0.0%	--	1	0.3%	--
Total	160	100.0%	43.6	182	100.0%	49.5	342	100.0%	93.1
Race/Ethnicity-Females									
White Female	33	63.5%	9.8	28	49.1%	8.3	61	56.0%	18.1
Black Female	16	30.8%	90.3	25	43.9%	141.1	41	37.6%	231.4
Hispanic Female	2	3.8%	23.1	3	5.3%	34.6	5	4.6%	57.7
Asian/Pacific Islander Female	1	1.9%	23.1	0	0.0%	0.0	1	0.9%	23.1
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	0.0%	--	1	1.8%	--	1	0.9%	--
Total	52	100.0%	13.9	57	100.0%	15.2	109	100.0%	29.1
Current Age[‡]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	3	1.4%	3.0	1	0.4%	1.0	4	0.9%	3.9
13-18	0	0.0%	0.0	2	0.8%	3.3	2	0.4%	3.3
19-24	16	7.5%	19.7	0	0.0%	0.0	16	3.5%	19.7
25-44	107	50.5%	59.8	85	35.6%	47.5	192	42.6%	107.2
45-64	82	38.7%	42.4	144	60.3%	74.5	226	50.1%	117.0
65+	4	1.9%	3.7	7	2.9%	6.5	11	2.4%	10.3
Total	212	100.0%	28.6	239	100.0%	32.2	451	100.0%	60.8

[†]Includes persons diagnosed with HIV disease in the North Central HIV Region who are currently living, regardless of current residence.

*Cases which remained HIV cases at the end of 2010.

**Cases classified as AIDS by December 31, 2010.

***The sum of HIV cases and AIDS cases.

****Per 100,000 population based on 2009 MDHSS estimates.

[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and current age, North Central HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	11	61.1%	3.0	6	100.0%	1.6	17	70.8%	4.6
Female	7	38.9%	1.9	0	0.0%	0.0	7	29.2%	1.9
Total	18	100.0%	2.4	6	100.0%	0.8	24	100.0%	3.2
Race/Ethnicity									
White	14	77.8%	2.1	2	33.3%	0.3	16	66.7%	2.4
Black	4	22.2%	10.3	1	16.7%	2.6	5	20.8%	12.9
Hispanic	0	0.0%	0.0	2	33.3%	10.6	2	8.3%	10.6
Asian/Pacific Islander	0	0.0%	0.0	1	16.7%	11.7	1	4.2%	11.7
American Indian/Alaskan Native	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	18	100.0%	2.4	6	100.0%	0.8	24	100.0%	3.2
Race/Ethnicity-Males									
White Male	8	72.7%	2.5	2	33.3%	0.6	10	58.8%	3.1
Black Male	3	27.3%	14.3	1	16.7%	4.8	4	23.5%	19.1
Hispanic Male	0	0.0%	0.0	2	33.3%	19.6	2	11.8%	19.6
Asian/Pacific Islander Male	0	0.0%	0.0	1	16.7%	23.5	1	5.9%	23.5
American Indian/Alaskan Native Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Male	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	11	100.0%	3.0	6	100.0%	1.6	17	100.0%	4.6
Race/Ethnicity-Females									
White Female	6	85.7%	1.8	0	--	0.0	6	85.7%	1.8
Black Female	1	14.3%	5.6	0	--	0.0	1	14.3%	5.6
Hispanic Female	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
Asian/Pacific Islander Female	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
American Indian/Alaskan Native Female	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	0.0%	--	0	--	--	0	0.0%	--
Total	7	100.0%	1.9	0	--	0.0	7	100.0%	1.9
Current Age[‡]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
13-18	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
19-24	7	38.9%	8.6	0	0.0%	0.0	7	29.2%	8.6
25-44	9	50.0%	5.0	4	66.7%	2.2	13	54.2%	7.3
45-64	2	11.1%	1.0	2	33.3%	1.0	4	16.7%	2.1
65+	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	18	100.0%	2.4	6	100.0%	0.8	24	100.0%	3.2

*HIV cases diagnosed during 2010 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2010.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases diagnosed prior to 2010 with HIV, which progressed to AIDS in 2010.

****Per 100,000 population based on 2009 MDHSS estimates.

[‡]Based on age as of December 31, 2010.

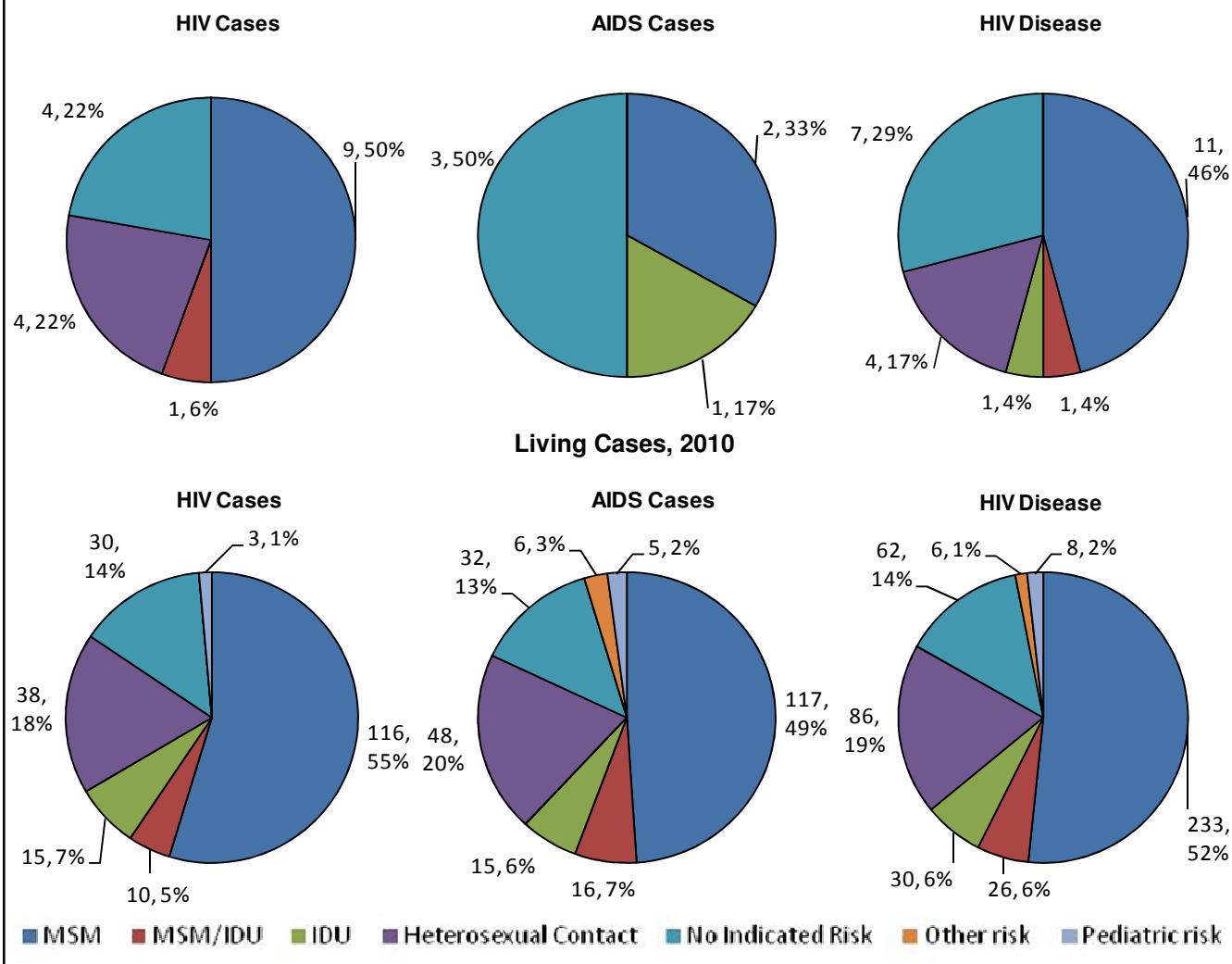
Note: Percentages may not total due to rounding.

Of the 451 persons living with HIV disease at the end of 2010, 76% were males (Table 1). The rate of those living with HIV disease was 3.2 times greater among males than females. The difference in the rates between males and females was smaller than what was observed in Missouri overall. Although whites represented the largest proportion of living HIV disease cases (67%), the rate of those living with HIV disease was 6.7 times greater among blacks than whites. The rate was 2.9 times greater among Hispanics than whites. Among males, the rate of living cases was 5.0 times greater for blacks than whites, and 2.6 times greater for Hispanics than whites. Among females, the rate of those living with HIV disease was 12.8 times greater among blacks than whites, and 3.2 times greater among Hispanics than whites.

Of the 24 persons newly diagnosed with HIV disease in 2010, 25% were classified as AIDS cases by the end of 2010 (Table 2). Males represented 71% of new diagnoses. Whites represented the majority of all new HIV cases.

Figure 6. Diagnosed and living HIV, AIDS, and HIV disease cases by exposure category, North Central HIV Region, 2010

New Diagnoses, 2010



Among all categories, the largest proportion of cases with a known risk was attributed to MSM (Figure 6). The large proportion of cases with no indicated risk made trends difficult to interpret for all categories. The surveillance program examined methods to improve the identification and reporting of exposure category information.

**Table 3. New and living HIV and AIDS cases and rates, by geographic area,
North Central HIV Region, 2010**

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2010*			Living			Diagnosed 2010**			Living		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Boone County	10	55.6%	6.4	103	48.6%	65.9	2	33.3%	1.3	111	46.4%	71.0
Cole County	3	16.7%	4.0	30	14.2%	40.0	0	0.0%	0.0	16	6.7%	21.3
Callaway County	1	5.6%	2.3	10	4.7%	22.9	2	33.3%	4.6	9	3.8%	20.6
Marion County	0	0.0%	0.0	3	1.4%	10.5	1	16.7%	3.5	9	3.8%	31.6
Pettis County	0	0.0%	0.0	5	2.4%	12.1	0	0.0%	0.0	13	5.4%	31.4
Gasconade County	0	0.0%	0.0	3	1.4%	19.9	0	0.0%	0.0	3	1.3%	19.9
Remainder of Region	4	22.2%	1.0	58	27.4%	15.2	1	16.7%	0.3	78	32.6%	20.4
NORTH CENTRAL HIV REGION TOTAL	18	100.0%	2.4	212	100.0%	28.6	6	100.0%	0.8	239	100.0%	32.2

*HIV cases diagnosed and reported to the Department during 2010 which remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
***Per 100,000 population based on 2009 MDHSS estimates.
Note: Percentages may not total due to rounding.

The number of persons newly diagnosed that remained classified as HIV cases at the end of 2010 was greatest in Boone County (10) (Table 3). The largest numbers of new AIDS cases at the end of 2011 were diagnosed in Boone County and Callaway County. The rate of persons living with HIV disease among those classified as HIV cases and those classified as AIDS cases was highest in Boone County compared to other areas in the North Central HIV region.

Table 4. Newly diagnosed and living HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, North Central HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	7	77.8%	84	72.4%	0	0.0%	90	76.9%
Black	2	22.2%	25	21.6%	1	50.0%	21	17.9%
Hispanic	0	0.0%	7	6.0%	0	0.0%	4	3.4%
Other/Unknown	0	0.0%	0	0.0%	1	50.0%	2	1.7%
NORTH CENTRAL HIV REGION TOTAL	9	100.0%	116	100.0%	2	100.0%	117	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

Note: Percentages may not total due to rounding.

Table 5. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by current age group, North Central HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	6	3.4%	4	8.7%	0	0.0%	10	4.3%
25-44	64	36.8%	23	50.0%	4	36.4%	92	39.5%
45-64	99	56.9%	18	39.1%	7	63.6%	124	53.2%
65+	5	2.9%	1	2.2%	0	0.0%	7	3.0%
NORTH CENTRAL HIV REGION TOTAL	174	100.0%	46	100.0%	11	100.0%	233	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 6. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by geographic area, North Central HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Boone County	95	75.4%	23	18.3%	6	4.8%	126	54.1%
Cole County	9	45.0%	10	50.0%	1	5.0%	20	8.6%
Remaining Counties	70	80.5%	13	14.9%	4	4.6%	87	37.3%
NORTH CENTRAL HIV REGION TOTAL	174	74.7%	46	19.7%	11	4.7%	233	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race/ethnicity in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

There were a total of eleven new HIV disease diagnoses attributed to men who have sex with men (MSM) in 2010 for the North Central HIV region (Table 4). Whites represented the largest number of total new HIV disease diagnoses. There were 233 living HIV disease cases attributed to MSM in the North Central HIV region. White MSM represented the greatest proportion among living HIV and AIDS cases.

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM (Table 5). Among white and Hispanic MSM living with HIV disease, the greatest proportions, 57% and 64% respectively, were between 45-64 years of age at the end of 2010. In contrast, only 39% of black MSM living with HIV disease were between 45-64 years old.

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for MSM (Table 6). A greater proportion of MSM living with HIV disease were black in Cole County (50%) compared to Boone County (18%) and the remainder of the North Central HIV region (15%).

Table 7. Newly diagnosed and living HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, North Central HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	1	100.0%	10	100.0%	0	--	12	75.0%
Black	0	--	0	0.0%	0	--	2	12.5%
Hispanic	0	0.0%	0	0.0%	0	--	2	12.5%
Other/Unknown	0	--	0	0.0%	0	--	0	0.0%
NORTH CENTRAL REGION TOTAL	1	100.0%	10	100.0%	0	--	16	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 8. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by current age group, North Central HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	2	9.1%	0	0.0%	0	0.0%	2	7.7%
25-44	7	31.8%	1	50.0%	2	100.0%	10	38.5%
45-64	13	59.1%	1	50.0%	0	0.0%	14	53.8%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%
NORTH CENTRAL HIV REGION TOTAL	22	100.0%	2	100.0%	2	100.0%	26	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 9. Living HIV disease cases in men who have sex with men and inject drugs, by geographic area, North Central HIV Region, 2010

Geographic Area	Cases	%
Boone County	11	42.3%
Cole County	3	11.5%
Marion County	2	7.7%
Pettis County	2	7.7%
Remaining Counties	8	30.8%
NORTH CENTRAL HIV REGION TOTAL	26	100.0%

There was one new HIV disease diagnosis attributed to men who have sex with men and inject drugs (MSM/IDU) in 2010 for the North Central HIV region (Table 7). There were 26 MSM/IDU living with HIV disease at the end of 2010 whose most recent diagnosis occurred in the North Central HIV region. The largest proportions of both living HIV and AIDS cases were white.

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM/IDU (Table 8). The number of living cases among whites was greatest among those 45-64 years of age. Among Hispanics whose infections were attributed to MSM/IDU, all living cases were between 25-44 years of age, although the number of cases was small.

The largest numbers of MSM/IDU living with HIV disease in the North Central HIV were most recently diagnosed in Boone County (11) (Table 9).

Table 10. Newly diagnosed and living HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, North Central HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	--	8	53.3%	1	100.0%	5	33.3%
Black Male	0	--	0	0.0%	0	0.0%	5	33.3%
Hispanic Male	0	--	0	0.0%	0	0.0%	0	0.0%
White Female	0	--	6	40.0%	0	0.0%	2	13.3%
Black Female	0	--	1	6.7%	0	0.0%	3	20.0%
Hispanic Female	0	--	0	0.0%	0	0.0%	0	0.0%
NORTH CENTRAL HIV REGION TOTAL[†]	0	--	15	100.0%	1	100.0%	15	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 11. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by current age group, North Central HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-44	7	53.8%	2	40.0%	4	50.0%	1	25.0%	14	46.7%
45-64	5	38.5%	3	60.0%	4	50.0%	3	75.0%	15	50.0%
65+	1	7.7%	0	0.0%	0	0.0%	0	0.0%	1	3.3%
NORTH CENTRAL HIV REGION TOTAL	13	100.0%	5	100.0%	8	100.0%	4	100.0%	30	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 12. Living HIV disease cases in injecting drug users, by geographic area, North Central HIV Region, 2010

Geographic Area	Cases	%
Boone County	10	33.3%
Callaway County	1	3.3%
Cole County	3	10.0%
Marion County	3	10.0%
Pettis County	1	3.3%
Remaining Counties	12	40.0%
NORTH CENTRAL HIV REGION TOTAL	30	100.0%

There was one new HIV disease diagnosis attributed to injecting drug users (IDU) in 2010 for the North Central HIV region (Table 10). There were 30 living HIV disease cases attributed to IDU at the end of 2010 in the North Central HIV region. Of persons living with HIV disease, 50% were classified as AIDS at the end of 2010. The largest proportion of living HIV cases were white males (53%). White and black males represented the greatest proportion of living AIDS cases.

Overall, the largest numbers of persons living with HIV disease among IDU in the North Central HIV region were between 45-64 years of age at the end of 2010 (15), and were followed closely by individuals 25-44 years old (14) (Table 11).

The largest numbers of IDU living with HIV disease in the North Central HIV were most recently diagnosed in Boone County (10) (Table 12).

Table 13. Newly diagnosed and living HIV and AIDS cases in heterosexual contacts, by selected race/ethnicity and sex, North Central HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	5	13.2%	0	--	4	8.3%
Black Male	0	0.0%	4	10.5%	0	--	5	10.4%
Hispanic Male	0	0.0%	0	0.0%	0	--	0	0.0%
White Female	3	75.0%	19	50.0%	0	--	25	52.1%
Black Female	1	25.0%	7	18.4%	0	--	10	20.8%
Hispanic Female	0	0.0%	1	2.6%	0	--	2	4.2%
NORTH CENTRAL HIV REGION TOTAL[†]	4	100.0%	38	100.0%	0	--	48	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
[†]Includes persons whose race/ethnicity is either unknown or not listed.
Note: Percentages may not total due to rounding.

Table 14. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity and sex, by current age group, North Central HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	1	2.3%	1	5.9%	2	2.3%
25-44	4	44.4%	4	44.4%	24	54.5%	7	41.2%	42	48.8%
45-64	5	55.6%	5	55.6%	18	40.9%	9	52.9%	41	47.7%
65+	0	0.0%	0	0.0%	1	2.3%	0	0.0%	1	1.2%
NORTH CENTRAL HIV REGION TOTAL	9	100.0%	9	100.0%	44	100.0%	17	100.0%	86	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 15. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity, by geographic area, North Central HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Boone County	19	55.9%	14	41.2%	1	2.9%	34	39.5%
Cole County	5	41.7%	6	50.0%	0	0.0%	12	14.0%
Remaining Counties	29	72.5%	6	15.0%	2	5.0%	40	46.5%
NORTH CENTRAL HIV REGION TOTAL	53	61.6%	26	30.2%	3	3.5%	86	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race in each area.

***Percentage of cases per area.

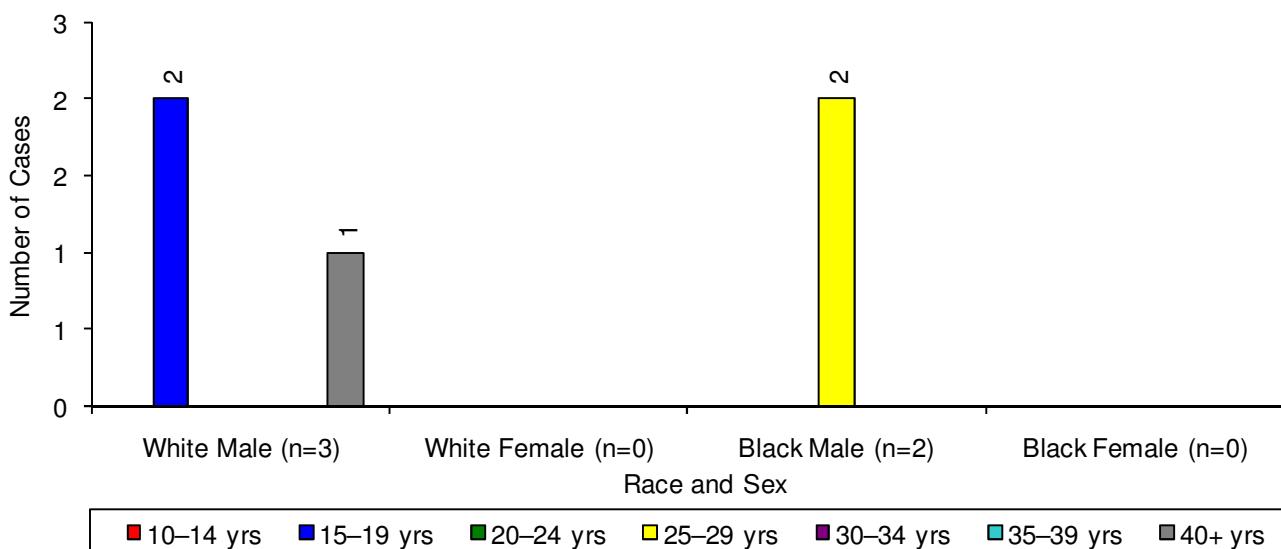
Note: Percentages may not total due to rounding.

There were a total of four new HIV disease diagnoses attributed to heterosexual contact in 2010 for the North Central HIV region (Table 13). There were 86 persons living with HIV disease attributed to heterosexual contact at the end of 2010 in the North Central HIV region. White females represented the largest proportion of both living HIV and AIDS cases among heterosexual contact cases.

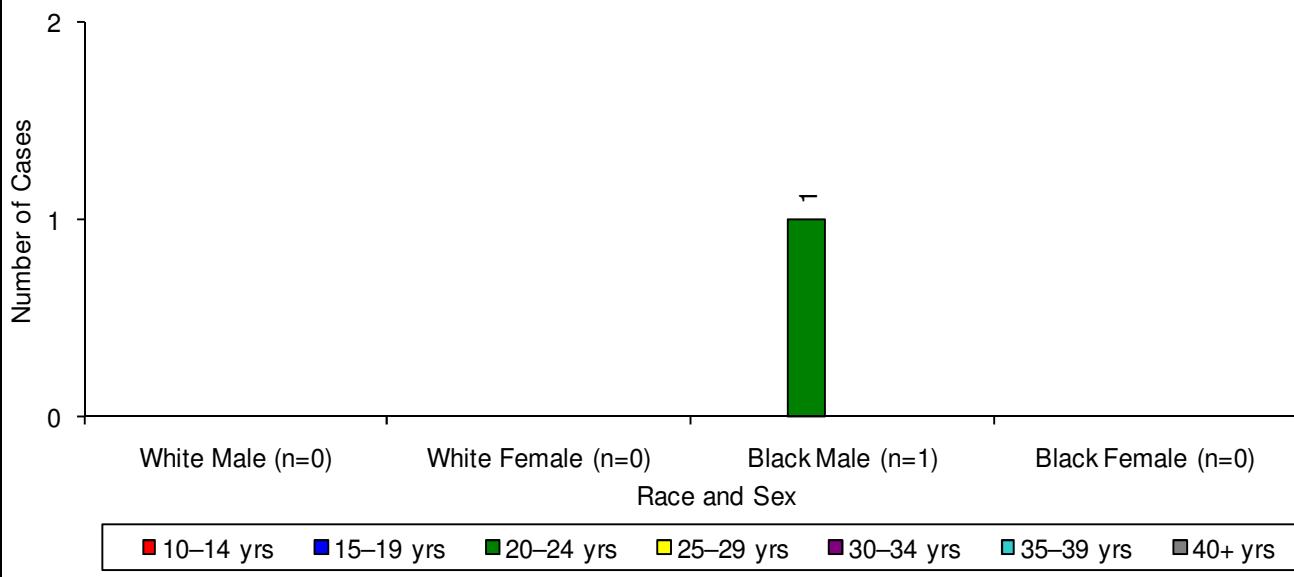
At the end of 2010, the majority of heterosexual contact cases living with HIV disease were between 45-64 years of age among white males, black males and black females (Table 14). Among white females, the majority were 25-44 years of age.

There were differences in the distribution of persons living with HIV disease by race/ethnicity among the geographic areas for heterosexual contact cases (Table 15). In Cole County, black heterosexual contact cases comprised a larger proportion of persons living with HIV disease compared to other areas.

**Figure 7. Reported P&S syphilis cases, by race and sex, by age group at diagnosis,
North Central HIV Region, 2010**



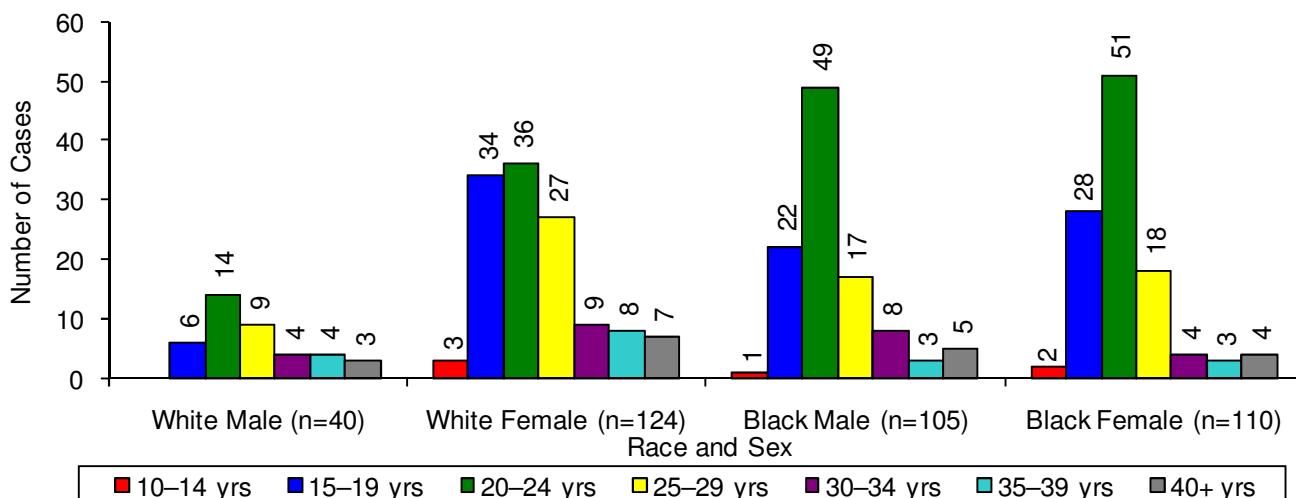
**Figure 8. Reported early latent syphilis cases, by race and sex, by age group at diagnosis,
North Central HIV Region, 2010**



The largest number of P&S syphilis cases was reported among white males (3) (Figure 7). The number of reported cases decreased from 2009 to 2010 among white females (1 to 0), black females (1 to 0), and white males (7 to 3). The number of P&S syphilis cases among black males increased by one case from 2009 to 2010 (1 to 2).

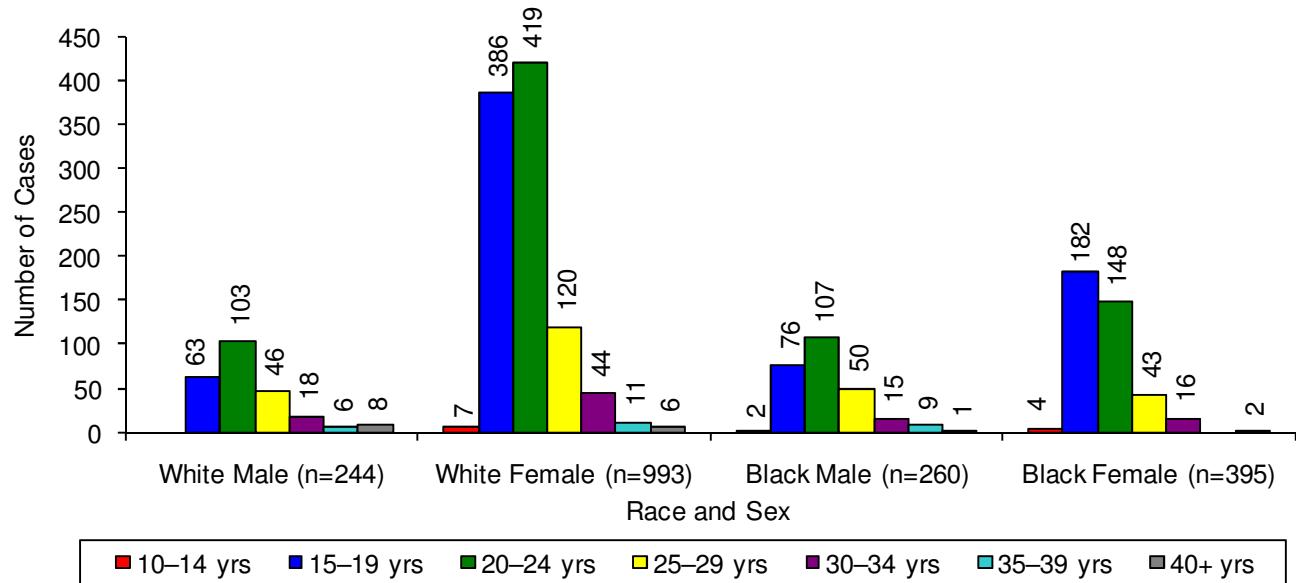
The only early latent syphilis case was reported among black males in 2010 (Figure 8). The number of reported early latent syphilis cases decreased from 2009 to 2010 among white males (3 to 0) and increased among black males (0 to 1).

Figure 9. Reported gonorrhea cases, by race and sex, by age group at diagnosis, North Central HIV Region, 2010



Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

Figure 10. Reported chlamydia cases, by race and sex, by age group at diagnosis, North Central HIV Region, 2010

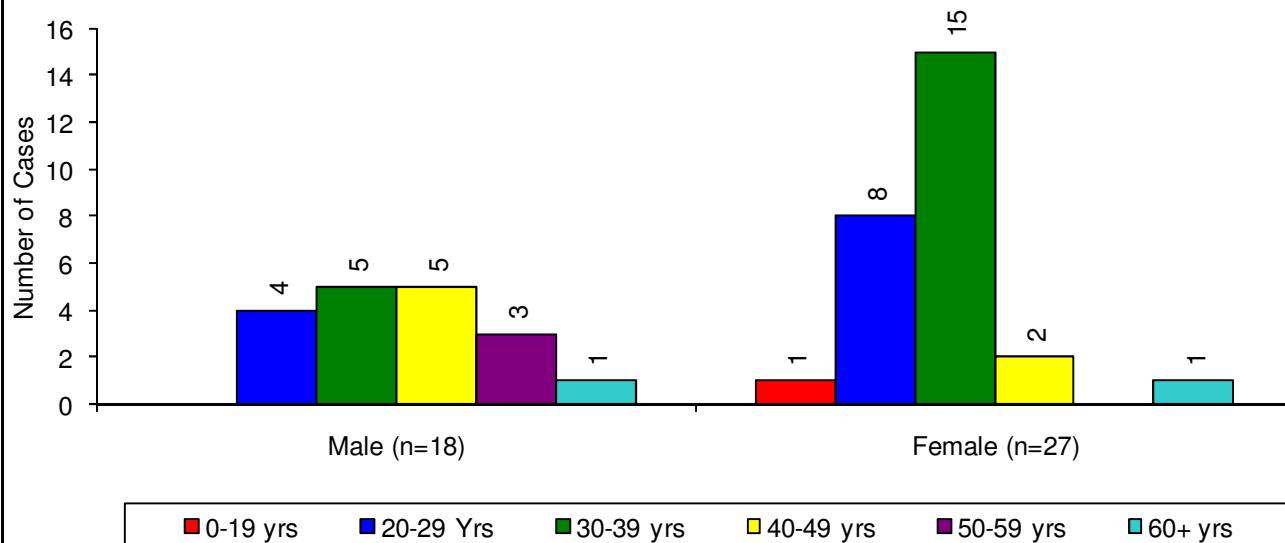


Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

The largest number of gonorrhea cases was reported among white females (124), followed by black females (110) (Figure 9). The number of reported cases increased from 2009 to 2010 among white males (29 to 40), black males (79 to 105) and black females (96 to 110). In 2010, the number of gonorrhea cases decreased among white females (138 to 124). Among all race/ethnicity and sex categories presented the largest number of reported cases was diagnosed between 20-24 years of age.

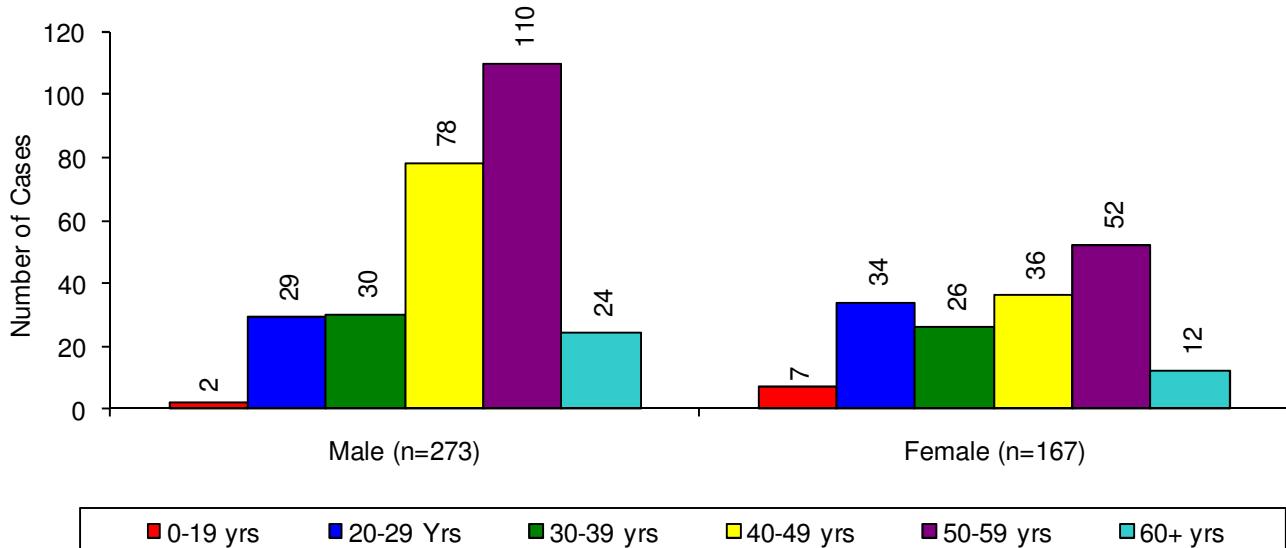
The largest number of chlamydia cases was reported among white females (993) followed by black females (395). The number of reported chlamydia cases increased from 2009 to 2010 among white males (238 to 244) and black males (240 to 260). In 2010, the number of reported chlamydia cases decreased among white females (1,073 to 993) and black females (435 to 395). Among black females, individuals 15-19 years of age represented the largest number of reported cases. Among all other race/ethnicity and sex categories presented the largest number of reported cases was diagnosed between 20-24 years of age.

**Figure 11. Reported Hepatitis B cases, by sex and by age group at diagnosis,
North Central HIV Region, 2010**



Note: Totals include persons whose age at diagnosis is unknown.

**Figure 12. Reported Hepatitis C cases, by sex and by age group at diagnosis,
North Central HIV Region, 2010**

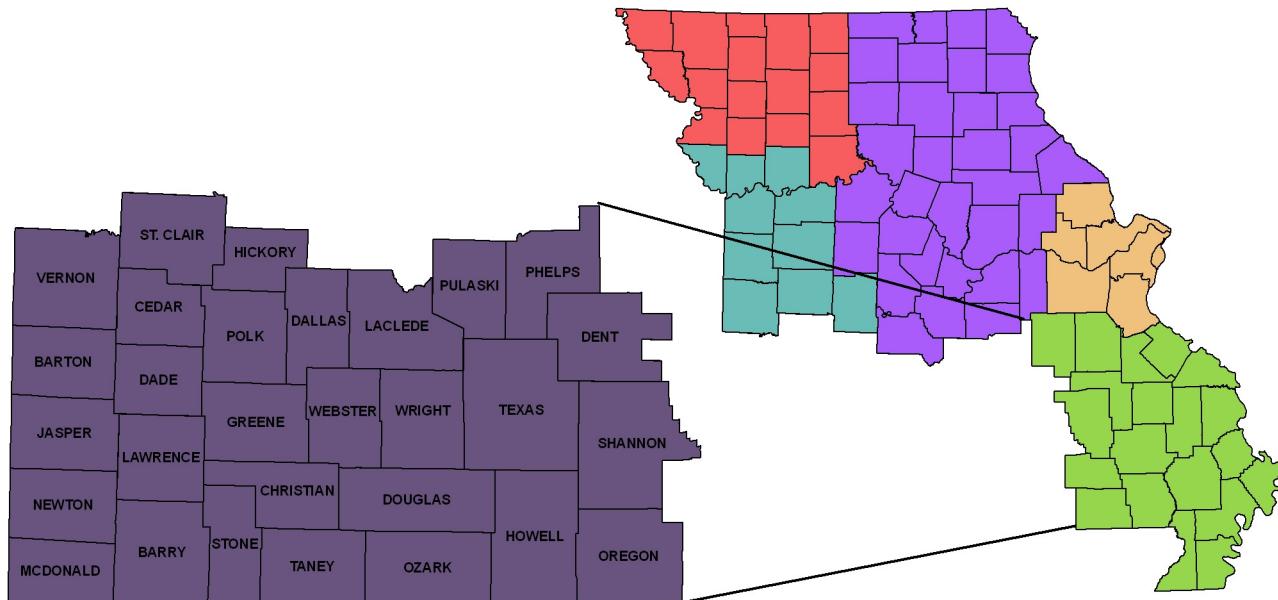


Note: Totals include persons whose age at diagnosis is unknown.

There were 45 reported cases of Hepatitis B in the North Central HIV region during 2010 (Figure 11). Females represented 60% of reported Hepatitis B cases. There were differences in the age distribution of reported Hepatitis B cases by sex. Among male cases, an equal number of cases was reported among those 30-39 and 40-49 years of age. Those 30-39 years of age accounted for the largest proportion of female cases.

In 2010, there were 440 Hepatitis C cases reported in the North Central HIV region (Figure 12). Of the reported Hepatitis C cases, 62% were male. The age distribution of reported Hepatitis C cases was similar for males and females. Among both males and females, the largest numbers of cases were reported among persons 50-59 years of age at diagnosis, and the second largest numbers of cases were reported among those 40-49 years of age.

SOUTHWEST REGION



Population Estimates, Southwest HIV Region, 2009													
County	White		Black		Hispanic		Asian/Pacific Islander		Indian/Alaskan Native		Two or More Races		Total
Barry County	31,385	87.5%	127	0.4%	3,282	9.1%	334	0.9%	290	0.8%	463	1.3%	35,881
Barton County	11,770	95.0%	71	0.6%	190	1.5%	43	0.3%	108	0.9%	204	1.6%	12,386
Cedar County	12,851	94.9%	71	0.5%	232	1.7%	91	0.7%	101	0.7%	198	1.5%	13,544
Christian County	73,150	94.4%	747	1.0%	1,909	2.5%	349	0.5%	353	0.5%	947	1.2%	77,455
Dade County	6,963	95.2%	47	0.6%	120	1.6%	22	0.3%	59	0.8%	105	1.4%	7,316
Dallas County	15,799	95.0%	97	0.6%	309	1.9%	59	0.4%	131	0.8%	242	1.5%	16,637
Dent County	14,357	95.4%	126	0.8%	185	1.2%	49	0.3%	115	0.8%	210	1.4%	15,042
Douglas County	12,990	95.5%	44	0.3%	166	1.2%	29	0.2%	129	0.9%	250	1.8%	13,608
Greene County	245,100	90.9%	7,462	2.8%	7,264	2.7%	3,584	1.3%	1,714	0.6%	4,506	1.7%	269,630
Hickory County	8,593	96.5%	7	0.1%	98	1.1%	10	0.1%	63	0.7%	132	1.5%	8,903
Howell County	36,937	94.9%	216	0.6%	643	1.7%	158	0.4%	361	0.9%	606	1.6%	38,921
Jasper County	103,639	87.7%	1,978	1.7%	7,446	6.3%	1,226	1.0%	1,368	1.2%	2,522	2.1%	118,179
Laclede County	33,687	95.1%	310	0.9%	621	1.8%	164	0.5%	165	0.5%	485	1.4%	35,432
Lawrence County	34,345	91.2%	186	0.5%	2,197	5.8%	139	0.4%	294	0.8%	487	1.3%	37,648
McDonald County	18,100	78.5%	132	0.6%	3,323	14.4%	247	1.1%	600	2.6%	661	2.9%	23,063
Newton County	50,177	89.4%	560	1.0%	2,195	3.9%	774	1.4%	1,125	2.0%	1,290	2.3%	56,121
Oregon County	9,507	92.4%	65	0.6%	163	1.6%	15	0.1%	309	3.0%	232	2.3%	10,291
Ozark County	8,951	96.1%	36	0.4%	116	1.2%	8	0.1%	65	0.7%	139	1.5%	9,315
Phelps County	38,759	91.7%	824	2.0%	811	1.9%	863	2.0%	293	0.7%	698	1.7%	42,248
Polk County	29,084	95.0%	273	0.9%	560	1.8%	155	0.5%	226	0.7%	328	1.1%	30,626
Pulaski County	35,041	75.4%	4,558	9.8%	3,819	8.2%	1,316	2.8%	425	0.9%	1,298	2.8%	46,457
Shannon County	7,810	93.4%	48	0.6%	113	1.4%	6	0.1%	162	1.9%	222	2.7%	8,361
St. Clair County	8,853	95.4%	66	0.7%	138	1.5%	22	0.2%	83	0.9%	114	1.2%	9,276
Stone County	30,052	95.6%	166	0.5%	555	1.8%	79	0.3%	207	0.7%	365	1.2%	31,424
Taney County	44,269	92.2%	513	1.1%	1,927	4.0%	340	0.7%	353	0.7%	621	1.3%	48,023
Texas County	22,693	92.4%	688	2.8%	391	1.6%	98	0.4%	238	1.0%	455	1.9%	24,563
Vernon County	19,241	95.4%	168	0.8%	253	1.3%	94	0.5%	179	0.9%	231	1.1%	20,166
Webster County	34,529	94.5%	508	1.4%	716	2.0%	134	0.4%	225	0.6%	440	1.2%	36,552
Wright County	17,112	95.6%	113	0.6%	286	1.6%	33	0.2%	136	0.8%	228	1.3%	17,908
Region Total	1,015,744	91.1%	20,207	1.8%	40,028	3.6%	10,441	0.9%	9,877	0.9%	18,679	1.7%	1,114,976

Figure 1. HIV disease cases (living and deceased), by current HIV vs. AIDS status, Southwest HIV Region, 1982—2010

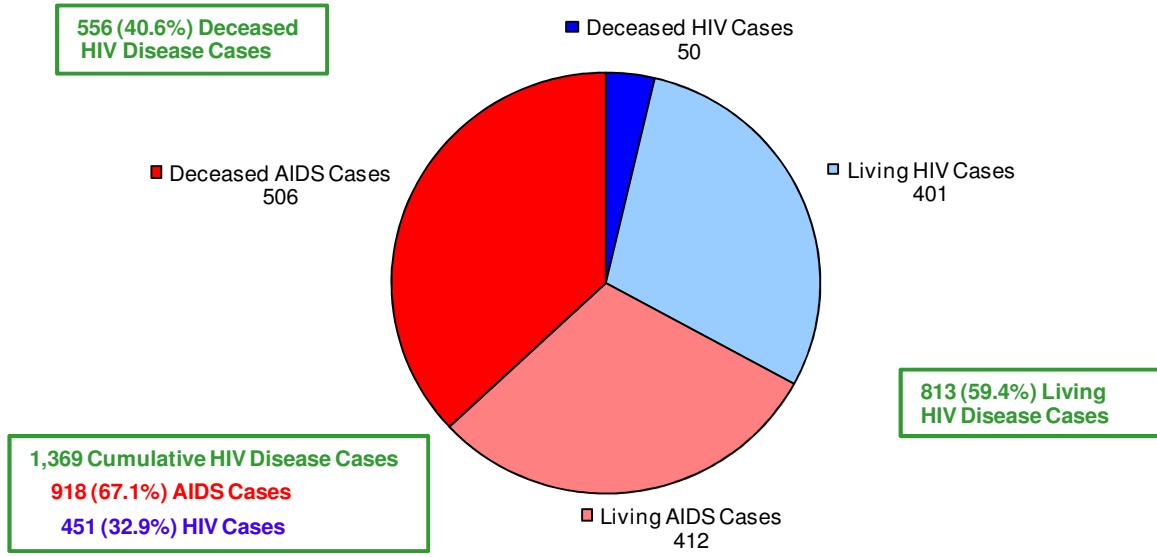
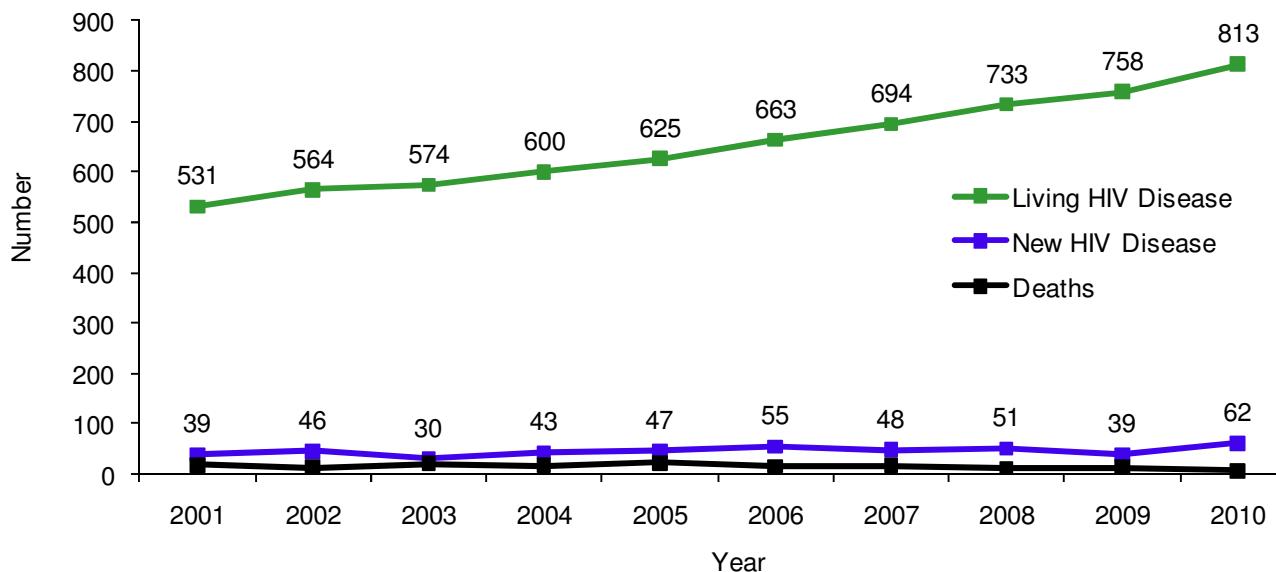


Figure 2. Living and new HIV disease cases and deaths by year*, Southwest HIV Region, 2001—2010

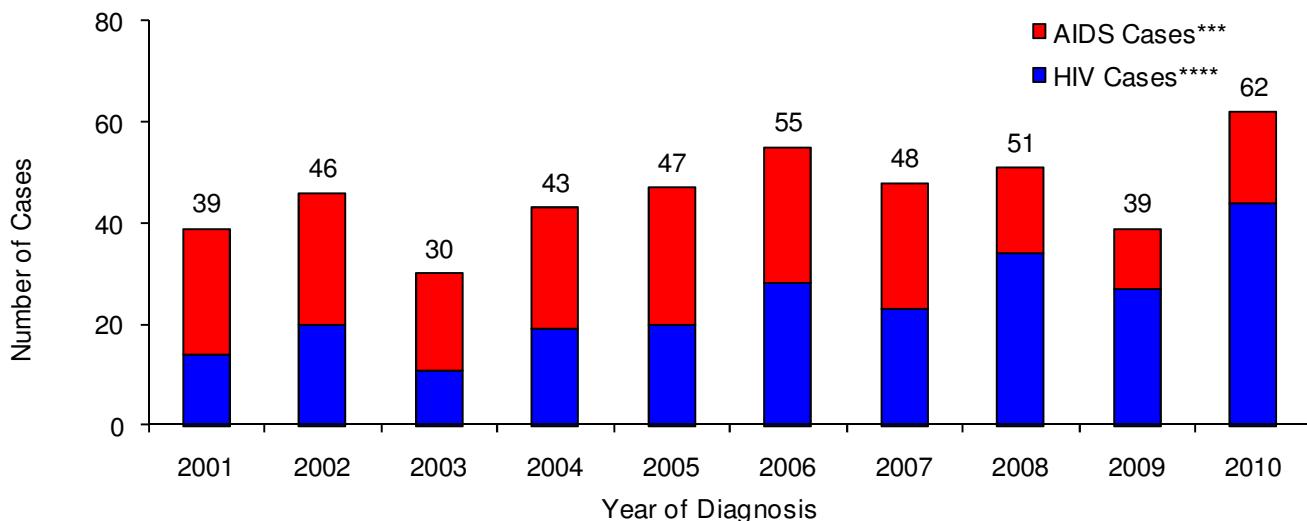


*For living HIV disease cases—the number of individuals living with HIV disease at the end of the year; For new HIV disease cases—the number of individuals newly diagnosed in the year; For HIV disease deaths—the number of individuals that died in the year.

From 1982 to 2010, there have been a total of 1,369 HIV disease cases diagnosed in the Southwest HIV region and reported to MDHSS (Figure 1). Of the cumulative cases reported, 59% were still presumed to be living with HIV disease at the end of 2010. Among those living with HIV disease, 401 were classified as HIV cases at the end of 2010 and 412 were classified as AIDS cases.

At the end of 2010, there were 813 persons living with HIV disease whose most recent diagnosis occurred in the Southwest HIV region (Figure 2). The number of people living with HIV disease increased over time. There were 62 new HIV disease diagnoses in 2010. The number of deaths among persons with HIV disease remained generally stable.

Figure 3. HIV disease cases, by current status* and year of diagnosis, Southwest HIV Region, 2001—2010**



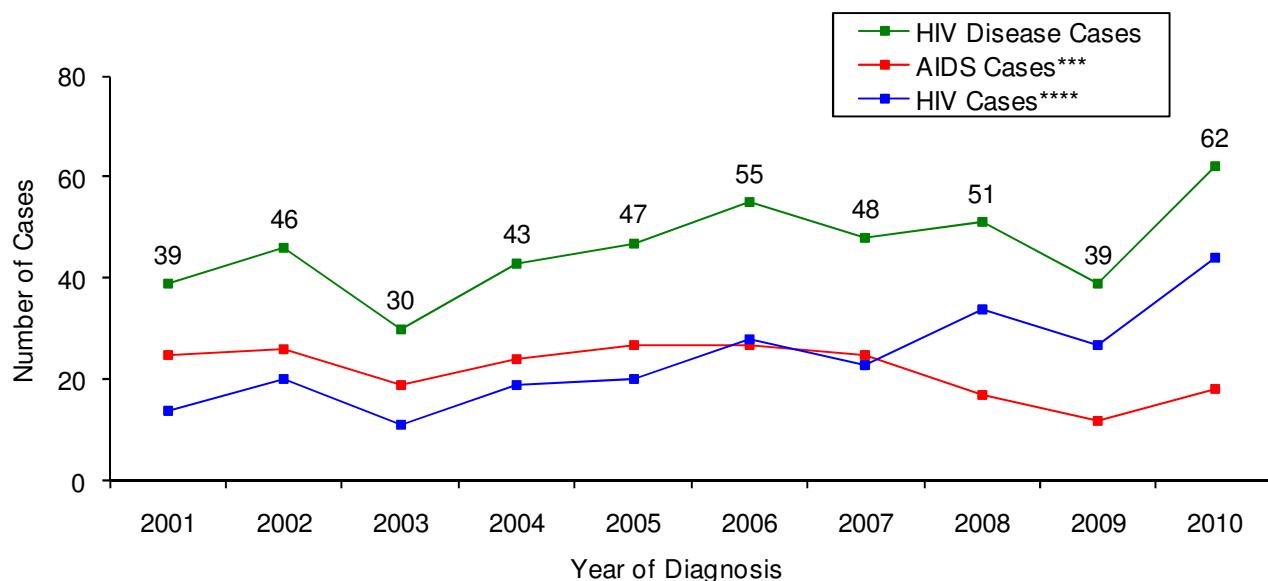
*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Figure 4. Reported HIV disease cases, by current status* and year of diagnosis, Southwest HIV Region, 2001—2010**



*HIV case vs. AIDS case

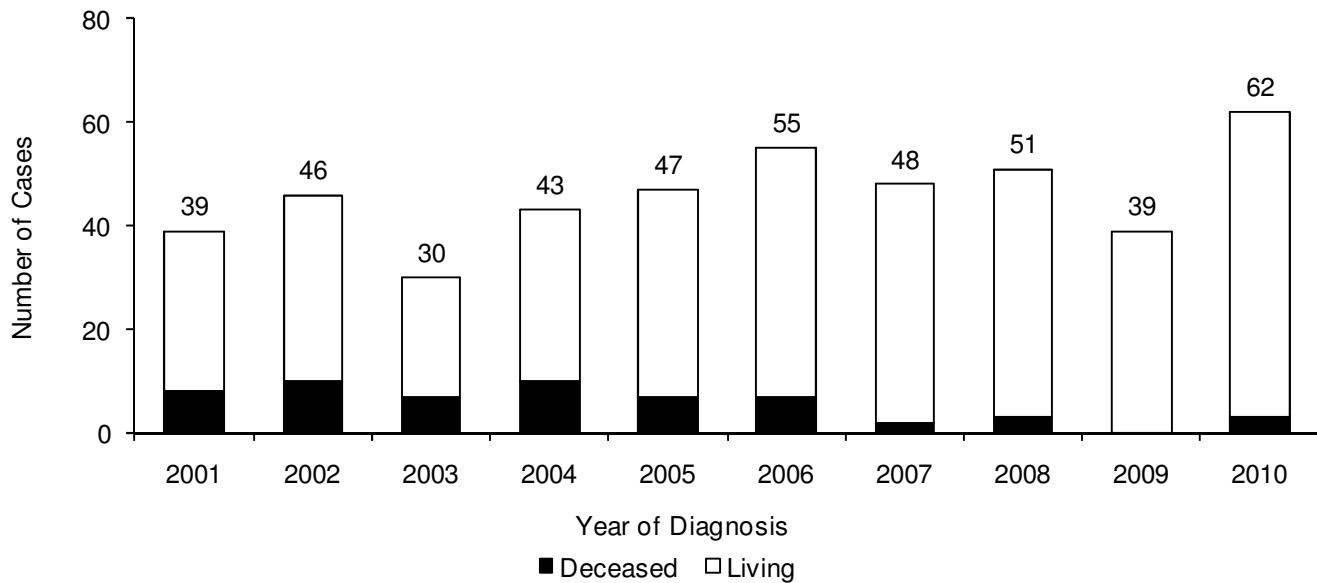
**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

The number of new diagnoses fluctuated from 2001 to 2010 in the Southwest HIV region, with an increase observed in new diagnoses from 2003 to 2006 and a general decrease in new diagnoses from 2006 to 2009 (Figures 3 and 4). The number of new HIV disease cases increased from 39 in 2009 to 62 in 2010. Differences in the number of persons sub-classified as AIDS cases each year are due to the progression of the disease over time.

Figure 5. Persons diagnosed with HIV disease by current vital status* and year of diagnosis, Southwest HIV Region, 2001—2010**



*Vital status on December 31, 2010.

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

Of the 39 persons diagnosed with HIV disease in 2001, eight (21%) were deceased by the end of 2010 (Figure 5). Among the 62 persons first diagnosed in 2010, three (5%) were deceased at the end of 2010. The difference in the proportion of cases that were deceased is due to the length of time individuals have been living with the disease. Among persons diagnosed in 2009 no deaths have been reported to MDHSS.

Table 1. Living[†] HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and by current age, Southwest HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	304	75.8%	55.4	354	85.9%	64.5	658	80.9%	119.9
Female	97	24.2%	17.1	58	14.1%	10.2	155	19.1%	27.4
Total	401	100.0%	36.0	412	100.0%	37.0	813	100.0%	72.9
Race/Ethnicity									
White	331	82.5%	32.6	340	82.5%	33.5	671	82.5%	66.1
Black	42	10.5%	207.8	46	11.2%	227.6	88	10.8%	435.5
Hispanic	19	4.7%	47.5	20	4.9%	50.0	39	4.8%	97.4
Asian/Pacific Islander	3	0.7%	28.7	1	0.2%	9.6	4	0.5%	38.3
American Indian/Alaskan Native	1	0.2%	10.1	3	0.7%	30.4	4	0.5%	40.5
Two or More Races/Unknown	5	1.2%	--	2	0.5%	--	7	0.9%	--
Total	401	100.0%	36.0	412	100.0%	37.0	813	100.0%	72.9
Race/Ethnicity-Males									
White Male	259	85.2%	52.1	299	84.5%	60.1	558	84.8%	112.2
Black Male	26	8.6%	230.5	34	9.6%	301.4	60	9.1%	531.9
Hispanic Male	12	3.9%	56.9	16	4.5%	75.9	28	4.3%	132.8
Asian/Pacific Islander Male	2	0.7%	40.5	0	0.0%	0.0	2	0.3%	40.5
American Indian/Alaskan Native Male	1	0.3%	20.1	3	0.8%	60.2	4	0.6%	80.3
Two or More Races/Unknown Male	4	1.3%	--	2	0.6%	--	6	0.9%	--
Total	304	100.0%	55.4	354	100.0%	64.5	658	100.0%	119.9
Race/Ethnicity-Females									
White Female	72	74.2%	13.9	41	70.7%	7.9	113	72.9%	21.8
Black Female	16	16.5%	179.2	12	20.7%	134.4	28	18.1%	313.7
Hispanic Female	7	7.2%	36.9	4	6.9%	21.1	11	7.1%	58.1
Asian/Pacific Islander Female	1	1.0%	18.2	1	1.7%	18.2	2	1.3%	36.4
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	1	1.0%	--	0	0.0%	--	1	0.6%	--
Total	97	100.0%	17.1	58	100.0%	10.2	155	100.0%	27.4
Current Age[‡]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	3	0.7%	1.9	0	0.0%	0.0	3	0.4%	1.9
13-18	5	1.2%	5.4	1	0.2%	1.1	6	0.7%	6.4
19-24	27	6.7%	25.4	5	1.2%	4.7	32	3.9%	30.1
25-44	198	49.4%	73.2	158	38.3%	58.4	356	43.8%	131.6
45-64	161	40.1%	56.7	229	55.6%	80.6	390	48.0%	137.3
65+	7	1.7%	4.2	19	4.6%	11.3	26	3.2%	15.4
Total	401	100.0%	36.0	412	100.0%	37.0	813	100.0%	72.9

[†]Includes persons diagnosed with HIV disease in the Southwest HIV Region who are currently living, regardless of current residence.^{*}Cases which remained HIV cases at the end of 2010.^{**}Cases classified as AIDS by December 31, 2010.^{***}The sum of HIV cases and AIDS cases.^{****}Per 100,000 population based on 2009 MDHSS estimates.[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Epi Profiles Summary: Southwest HIV Region

Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and current age, Southwest HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	35	79.5%	6.4	15	83.3%	2.7	50	80.6%	9.1
Female	9	20.5%	1.6	3	16.7%	0.5	12	19.4%	2.1
Total	44	100.0%	3.9	18	100.0%	1.6	62	100.0%	5.6
Race/Ethnicity									
White	34	77.3%	3.3	14	77.8%	1.4	48	77.4%	4.7
Black	5	11.4%	24.7	1	5.6%	4.9	6	9.7%	29.7
Hispanic	3	6.8%	7.5	2	11.1%	5.0	5	8.1%	12.5
Asian/Pacific Islander	1	2.3%	9.6	0	0.0%	0.0	1	1.6%	9.6
American Indian/Alaskan Native	1	2.3%	10.1	0	0.0%	0.0	1	1.6%	10.1
Two or More Races/Unknown	0	0.0%	--	1	5.6%	--	1	1.6%	--
Total	44	100.0%	3.9	18	100.0%	1.6	62	100.0%	5.6
Race/Ethnicity-Males									
White Male	28	80.0%	5.6	12	80.0%	2.4	40	80.0%	8.0
Black Male	3	8.6%	26.6	0	0.0%	0.0	3	6.0%	26.6
Hispanic Male	3	8.6%	14.2	2	13.3%	9.5	5	10.0%	23.7
Asian/Pacific Islander Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Male	1	2.9%	20.1	0	0.0%	0.0	1	2.0%	20.1
Two or More Races/Unknown Male	0	0.0%	--	1	6.7%	--	1	2.0%	--
Total	35	100.0%	6.4	15	100.0%	2.7	50	100.0%	9.1
Race/Ethnicity-Females									
White Female	6	66.7%	1.2	2	66.7%	0.4	8	66.7%	1.5
Black Female	2	22.2%	22.4	1	33.3%	11.2	3	25.0%	33.6
Hispanic Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian/Pacific Islander Female	1	11.1%	18.2	0	0.0%	0.0	1	8.3%	18.2
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	9	100.0%	1.6	3	100.0%	0.5	12	100.0%	2.1
Current Age‡									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
13-18	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
19-24	4	9.1%	3.8	0	0.0%	0.0	4	6.5%	3.8
25-44	31	70.5%	11.5	14	77.8%	5.2	45	72.6%	16.6
45-64	9	20.5%	3.2	4	22.2%	1.4	13	21.0%	4.6
65+	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	44	100.0%	3.9	18	100.0%	1.6	62	100.0%	5.6

*HIV cases diagnosed during 2010 which remained HIV cases at the end of the year.

**AIDS cases initially diagnosed in 2010.

***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases diagnosed prior to 2010 with HIV, which progressed to AIDS in 2010.

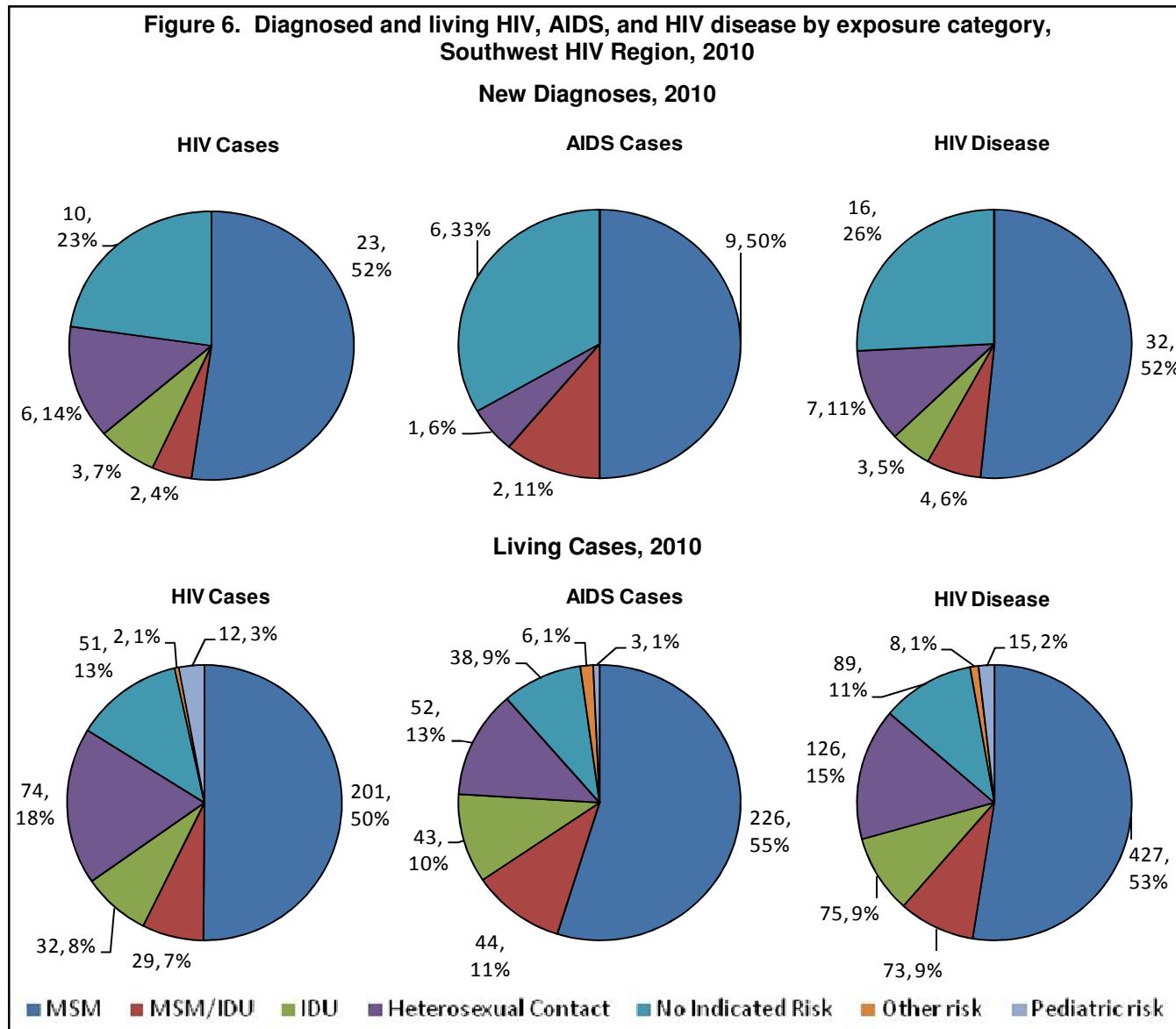
****Per 100,000 population based on 2009 MDHSS estimates.

†Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Of the 813 persons living with HIV disease at the end of 2010, 81% were males (Table 1). The rate of those living with HIV disease was 4.4 times greater among males than females. Although whites represented the largest proportion of persons living with HIV disease (83%), the rate of those living with HIV disease was 6.6 times greater among blacks than whites. The rate was 1.5 times greater among Hispanics than whites. Among males, the rate of persons living with HIV disease was 4.7 times greater for blacks than whites, and 1.2 times greater for Hispanics than whites. Among females, the rate of those living with HIV disease was 14.4 times greater among blacks than whites, and 2.7 times greater for Hispanics than whites. The difference in the rates between Hispanic and white females should be interpreted with some caution due to the small number of Hispanic females living with HIV disease.

Of the 62 persons newly diagnosed with HIV disease in 2010, 29% were classified as AIDS cases by the end of 2010 (Table 2). Whites represented the majority of new HIV disease diagnoses (77%).



Among all categories, the largest proportion of cases was attributed to MSM (Figure 6). The large proportion of cases with no indicated risk made trends difficult to interpret for all categories. The surveillance program examined methods to improve the identification and reporting of exposure category information.

Table 3. New and living HIV and AIDS cases and rates, by geographic area, Southwest HIV Region, 2010

Geographic Area	HIV cases						AIDS cases					
	Diagnosed 2010*			Living			Diagnosed 2010**			Living		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Greene County	17	38.6%	6.3	179	44.6%	66.4	6	33.3%	2.2	175	42.5%	64.9
Jasper County	5	11.4%	4.2	50	12.5%	42.3	3	16.7%	2.5	62	15.0%	52.5
Pulaski County	2	4.5%	4.3	14	3.5%	30.1	0	0.0%	0.0	15	3.6%	32.3
Christian County	3	6.8%	3.9	25	6.2%	32.3	2	11.1%	2.6	12	2.9%	15.5
Taney County	4	9.1%	8.3	23	5.7%	47.9	2	11.1%	4.2	19	4.6%	39.6
Remainder of Region	13	29.5%	2.3	110	27.4%	19.8	5	27.8%	0.9	129	31.3%	23.2
SOUTHWEST HIV REGION TOTAL	44	100.0%	3.9	401	100.0%	36.0	18	100.0%	1.6	412	100.0%	37.0

*HIV cases diagnosed and reported to the Department during 2010 which remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

***Per 100,000 population based on 2009 MDHSS estimates.

Note: Percentages may not total due to rounding.

The largest numbers of new HIV cases (17) and new AIDS cases (6) were diagnosed in Greene County (Table 3). The highest rates of persons living with HIV and AIDS were observed among persons diagnosed in Greene County.

Table 4. Newly diagnosed and living HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Southwest HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	21	91.3%	177	88.1%	6	66.7%	199	88.1%
Black	1	4.3%	10	5.0%	0	0.0%	15	6.6%
Hispanic	1	4.3%	10	5.0%	2	22.2%	8	3.5%
Other/Unknown	0	0.0%	4	2.0%	1	11.1%	4	1.8%
SOUTHWEST HIV REGION TOTAL	23	100.0%	201	100.0%	9	100.0%	226	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

Note: Percentages may not total due to rounding.

Table 5. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by current age group, Southwest HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	12	3.2%	3	12.0%	1	5.6%	18	4.2%
25-44	165	43.9%	13	52.0%	9	50.0%	191	44.7%
45-64	187	49.7%	9	36.0%	7	38.9%	204	47.8%
65+	12	3.2%	0	0.0%	1	5.6%	14	3.3%
SOUTHWEST HIV REGION TOTAL	376	100.0%	25	100.0%	18	100.0%	427	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 6. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by geographic area, Southwest HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Greene County	188	89.1%	12	5.7%	7	3.3%	211	49.4%
Jasper County	47	85.5%	3	5.5%	3	5.5%	55	12.9%
Christian County	18	94.7%	0	0.0%	1	5.3%	19	4.4%
Remaining Counties	123	86.6%	10	7.0%	7	4.9%	142	33.3%
SOUTHWEST HIV REGION TOTAL	376	88.1%	25	5.9%	18	4.2%	427	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

There were 32 new HIV disease diagnoses attributed to men who have sex with men (MSM) in 2010 for the Southwest HIV region (Table 4). Seventy-two percent of new diagnoses remained sub-classified as HIV cases at the end of 2010. Whites represented the greatest proportion of new HIV and AIDS case diagnoses. There were 427 living HIV disease cases attributed to MSM in the Southwest HIV region. Whites represented the greatest proportion of living HIV and AIDS cases.

The greatest proportion of living cases attributed to MSM was between 45-64 years old (48%) at the end of 2010 (Table 5). A greater proportion of blacks (52%) were between 25-44 years old compared to the proportion of whites (44%).

Greene County residents accounted for the largest number of MSM living with HIV in the Southwest HIV region (Table 6). The distributions of living cases by race/ethnicity among the geographic areas were similar.

Table 7. Newly diagnosed and living HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, Southwest HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	2	100.0%	29	100.0%	2	100.0%	38	86.4%
Black	0	0.0%	0	0.0%	0	0.0%	4	9.1%
Hispanic	0	0.0%	0	0.0%	0	0.0%	2	4.5%
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SOUTHWEST HIV REGION TOTAL	2	100.0%	29	100.0%	2	100.0%	44	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 8. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by current age group, Southwest HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	1	1.5%	0	0.0%	0	0.0%	1	1.4%
25-44	26	38.8%	3	75.0%	2	100.0%	31	42.5%
45-64	37	55.2%	1	25.0%	0	0.0%	38	52.1%
65+	3	4.5%	0	0.0%	0	0.0%	3	4.1%
SOUTHWEST HIV REGION TOTAL	67	100.0%	4	100.0%	2	100.0%	73	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 9. Living HIV disease cases in men who have sex with men and inject drugs, by geographic area, Southwest HIV Region, 2010

Geographic Area	Cases	%
Greene County	37	50.7%
Jasper County	11	15.1%
Taney County	6	8.2%
Remaining Counties	19	26.0%
SOUTHWEST HIV REGION TOTAL	73	100.0%

There was a total of four new HIV disease diagnoses attributed to men who have sex with men and inject drugs (MSM/IDU) in 2010 for the Southwest HIV region (Table 7). All new HIV disease cases were diagnosed among whites. There were 73 MSM/IDU living with HIV disease at the end of 2010 whose most recent diagnosis occurred in the Southwest HIV region. Whites comprised a greater proportion of those living with HIV (100%) compared to the proportion of those living with AIDS (86%).

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM/IDU (Table 8). Among whites, the largest number of living cases was 45-64 years of age at the end of 2010. Among blacks and Hispanics, the largest numbers of living cases were 25-44 years of age.

Greene County residents accounted for the largest number (37) of MSM/IDU living with HIV in the Southwest HIV region (Table 9).

Table 10. Newly diagnosed and living HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, Southwest HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	1	33.3%	11	34.4%	0	--	23	53.5%
Black Male	0	0.0%	1	3.1%	0	--	4	9.3%
Hispanic Male	0	0.0%	0	0.0%	0	--	1	2.3%
White Female	1	33.3%	17	53.1%	0	--	11	25.6%
Black Female	1	33.3%	2	6.3%	0	--	2	4.7%
Hispanic Female	0	0.0%	0	0.0%	0	--	2	4.7%
SOUTHWEST HIV REGION TOTAL[†]	3	100.0%	32	100.0%	0	--	43	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 11. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by current age group, Southwest HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	4	14.3%	0	0.0%	4	5.3%
25-44	9	26.5%	2	40.0%	10	35.7%	3	75.0%	26	34.7%
45-64	25	73.5%	3	60.0%	14	50.0%	1	25.0%	45	60.0%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SOUTHWEST HIV REGION TOTAL	34	100.0%	5	100.0%	28	100.0%	4	100.0%	75	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 12. Living HIV disease cases in injecting drug users, by geographic area, Southwest HIV Region, 2010

Geographic Area	Cases	%
Greene County	25	33.3%
Jasper County	10	13.3%
Remaining Counties	40	53.3%
SOUTHWEST HIV REGION TOTAL	75	100.0%

There were three new HIV disease diagnoses attributed to injecting drug users (IDU) in 2010 for the Southwest HIV region (Table 10). There were 75 living HIV disease cases attributed to IDU at the end of 2010 in the Southwest HIV region. Of the living HIV disease cases, 57% were classified as AIDS at the end of 2010. White males represented the largest proportion of living AIDS cases (54%), while white females comprised the largest proportion of living HIV cases (53%).

Overall, persons 45-64 years of age represented the largest number (45) of living HIV disease cases among IDU in the Southwest HIV region (Table 11). Among all race/ethnicity and sex categories except black females, the greatest proportion of living cases attributed to IDU was between 45-64 years old. The greatest proportion of black female cases was between 25-44 years of age at the end of 2010.

Greene County had the largest number of living HIV disease cases attributed to IDU in 2010 (Table 12).

Table 13. Newly diagnosed and living HIV and AIDS cases in heterosexual contacts, by selected race/ethnicity and sex, Southwest HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	1	16.7%	12	16.2%	0	0.0%	13	25.0%
Black Male	0	0.0%	6	8.1%	0	0.0%	5	9.6%
Hispanic Male	1	16.7%	1	1.4%	0	0.0%	0	0.0%
White Female	3	50.0%	43	58.1%	0	0.0%	24	46.2%
Black Female	0	0.0%	8	10.8%	1	100.0%	7	13.5%
Hispanic Female	0	0.0%	3	4.1%	0	0.0%	1	1.9%
SOUTHWEST HIV REGION TOTAL[†]	6	100.0%	74	100.0%	1	100.0%	52	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 14. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity and sex, by current age group, Southwest HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.8%
25-44	5	20.0%	2	18.2%	40	59.7%	10	66.7%	62	49.2%
45-64	18	72.0%	9	81.8%	26	38.8%	5	33.3%	60	47.6%
65+	2	8.0%	0	0.0%	1	1.5%	0	0.0%	3	2.4%
SOUTHWEST HIV REGION TOTAL	25	100.0%	11	100.0%	67	100.0%	15	100.0%	126	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 15. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity, by geographic area, Southwest HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Greene County	21	55.3%	15	39.5%	1	2.6%	38	30.2%
Jasper County	12	75.0%	2	12.5%	2	12.5%	16	12.7%
Pulaski County	2	25.0%	6	75.0%	0	0.0%	8	6.3%
Remaining Counties	57	89.1%	3	4.7%	2	3.1%	64	50.8%
SOUTHWEST HIV REGION TOTAL	92	73.0%	26	20.6%	5	4.0%	126	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race in each area.

***Percentage of cases per area.

Note: Percentages may not total due to rounding.

There were seven new HIV disease diagnoses attributed to heterosexual contact in 2010 for the Southwest HIV region (Table 13). There were 126 living HIV disease cases attributed to heterosexual contact at the end of 2010 in the Southwest HIV region. White females represented the largest proportion of both living HIV (58%) and AIDS (46%) cases.

At the end of 2010, the majority of heterosexual contact cases living with HIV disease were between 25-44 years of age for white females (60%) and black females (67%) (Table 14). Among white and black males, the majority were 45-64 years of age.

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for heterosexual contact cases (Table 15). In Pulaski County and Greene County, blacks comprised a larger proportion of living cases, 75% and 40% respectively, compared to other areas.

Figure 7. Reported P&S syphilis cases, by race and sex, by age group at diagnosis, Southwest HIV Region, 2010

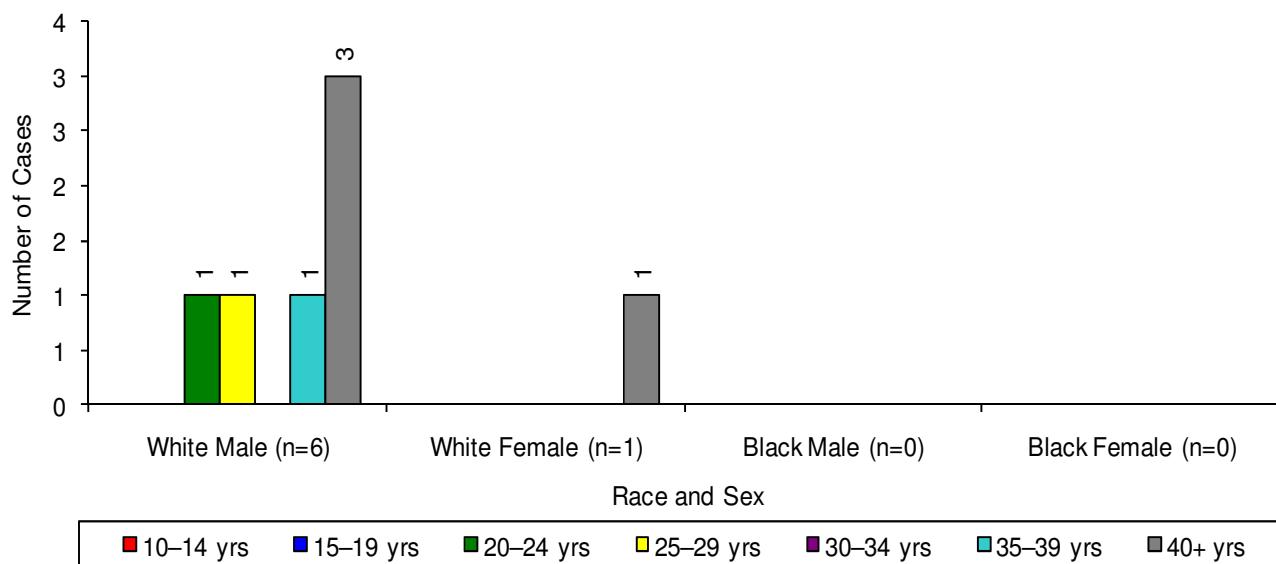
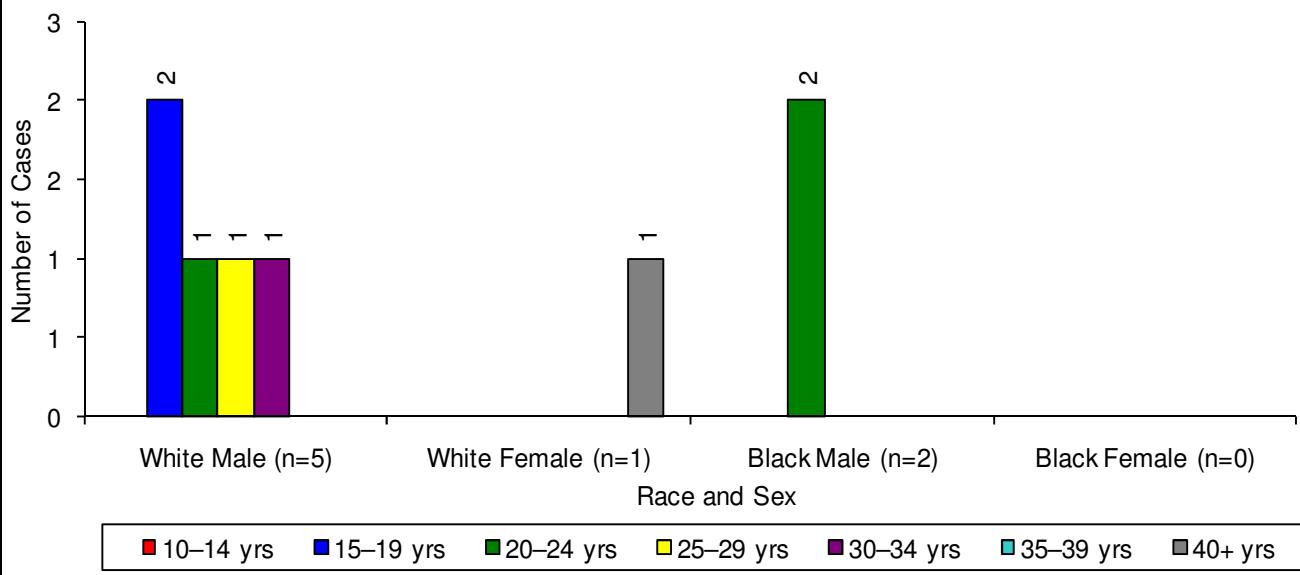


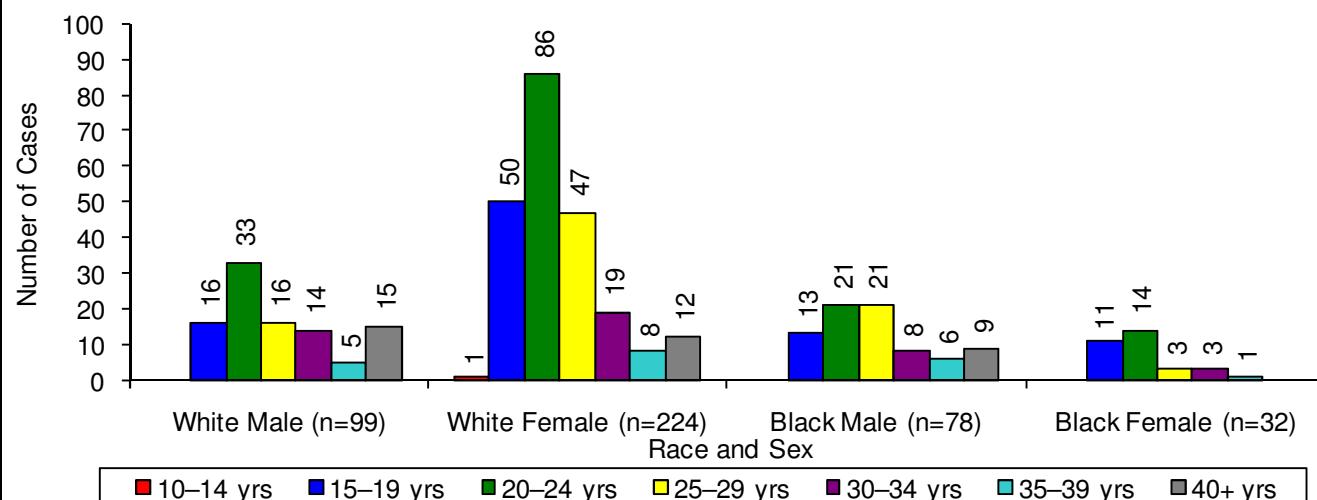
Figure 8. Reported early latent syphilis cases, by race and sex, by age group at diagnosis, Southwest HIV Region, 2010



The largest number of P&S syphilis cases was reported among white males (6) (Figure 7). The number of reported cases decreased from 2009 to 2010 among white males (20 to 6) and white females (2 to 1). No cases of P&S syphilis were reported among blacks in the Southwest HIV region in 2009 or 2010. Persons 40 years of age or more represented the largest number of cases reported with P&S syphilis.

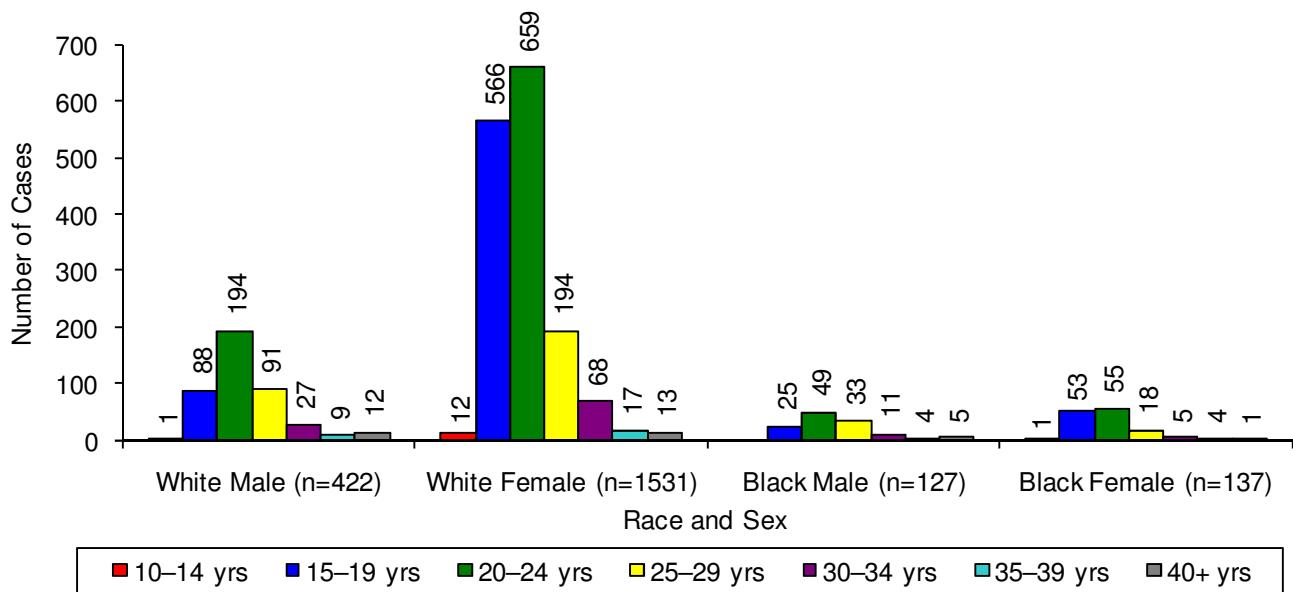
The largest number of early latent syphilis cases was reported among white males (5) (Figure 8). No early latent syphilis cases were reported among black females. The number of reported early latent syphilis cases increased from 2009 to 2010 among black males (1 to 2), and decreased among white males (11 to 5) and white females (6 to 1). No cases were reported among black females in 2009 or 2010. Among white males, the largest number of cases was reported among individuals 15-19 years of age.

Figure 9. Reported gonorrhea cases, by race and sex, by age group at diagnosis, Southwest HIV Region, 2010



Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

Figure 10. Reported chlamydia cases, by race and sex, by age group at diagnosis, Southwest HIV Region, 2010

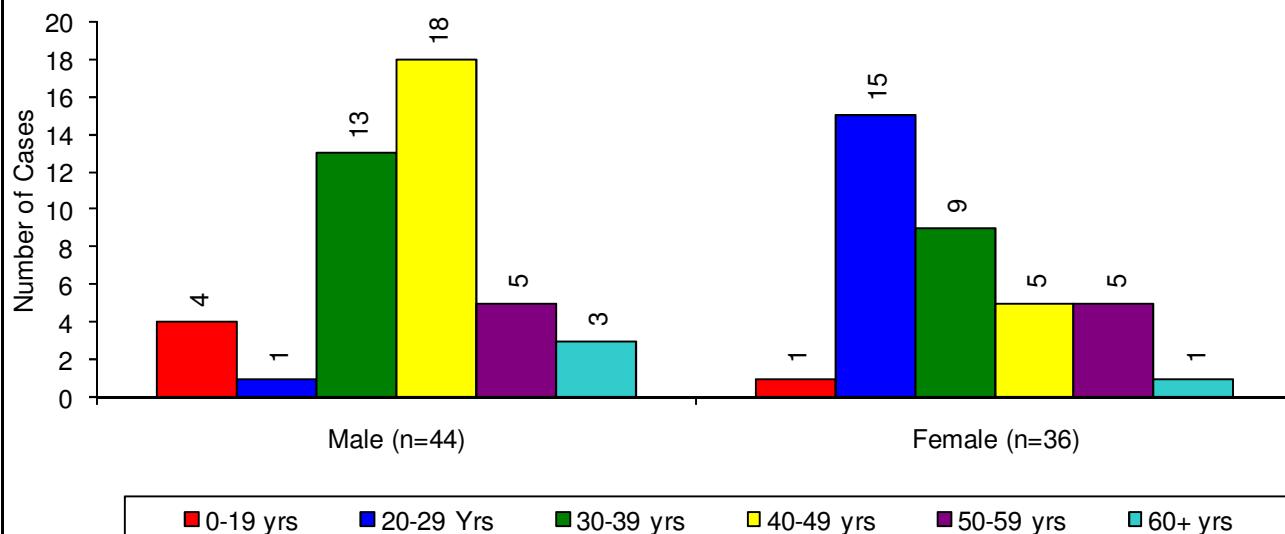


Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

The largest totals of gonorrhea cases were reported among white females (224) and white males (99) in the Southwest HIV region (Figure 9). The number of reported cases increased from 2009 to 2010 among all race/ethnicity and sex categories presented, except black females. The number of reported gonorrhea cases decreased among black females from 39 to 32. Among white males and white and black females, the greatest numbers of cases were diagnosed between 20-24 years of age. Among black males, an equal number of gonorrhea cases was diagnosed in 20-24 year olds and 25-29 year olds.

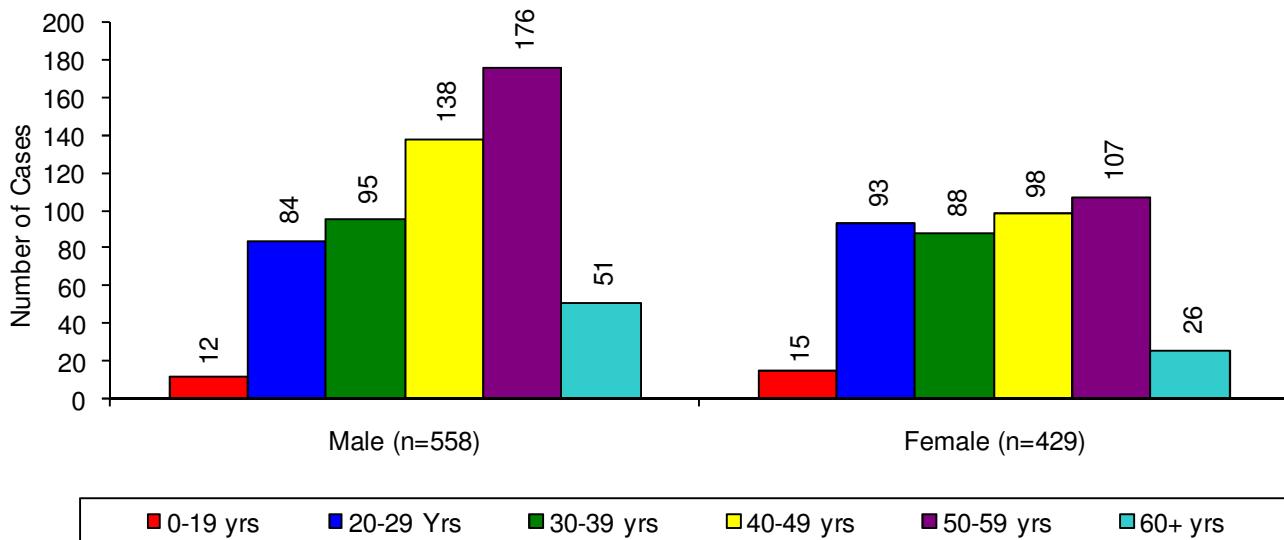
The largest numbers of chlamydia cases were reported among white females (1,531) and white males (422). The number of reported chlamydia cases increased from 2009 to 2010 among all race/ethnicity and sex categories presented except black females. The number of reported chlamydia cases decreased from 2009 to 2010 among black females (154 to 137). Individuals 20-24 years of age represented the largest number of reported cases among all race/ethnicity and sex categories presented.

Figure 11. Reported Hepatitis B cases, by sex and by age group at diagnosis, Southwest HIV Region, 2010



Note: Totals include persons whose age at diagnosis is unknown.

Figure 12. Reported Hepatitis C cases, by sex and by age group at diagnosis, Southwest HIV Region, 2010

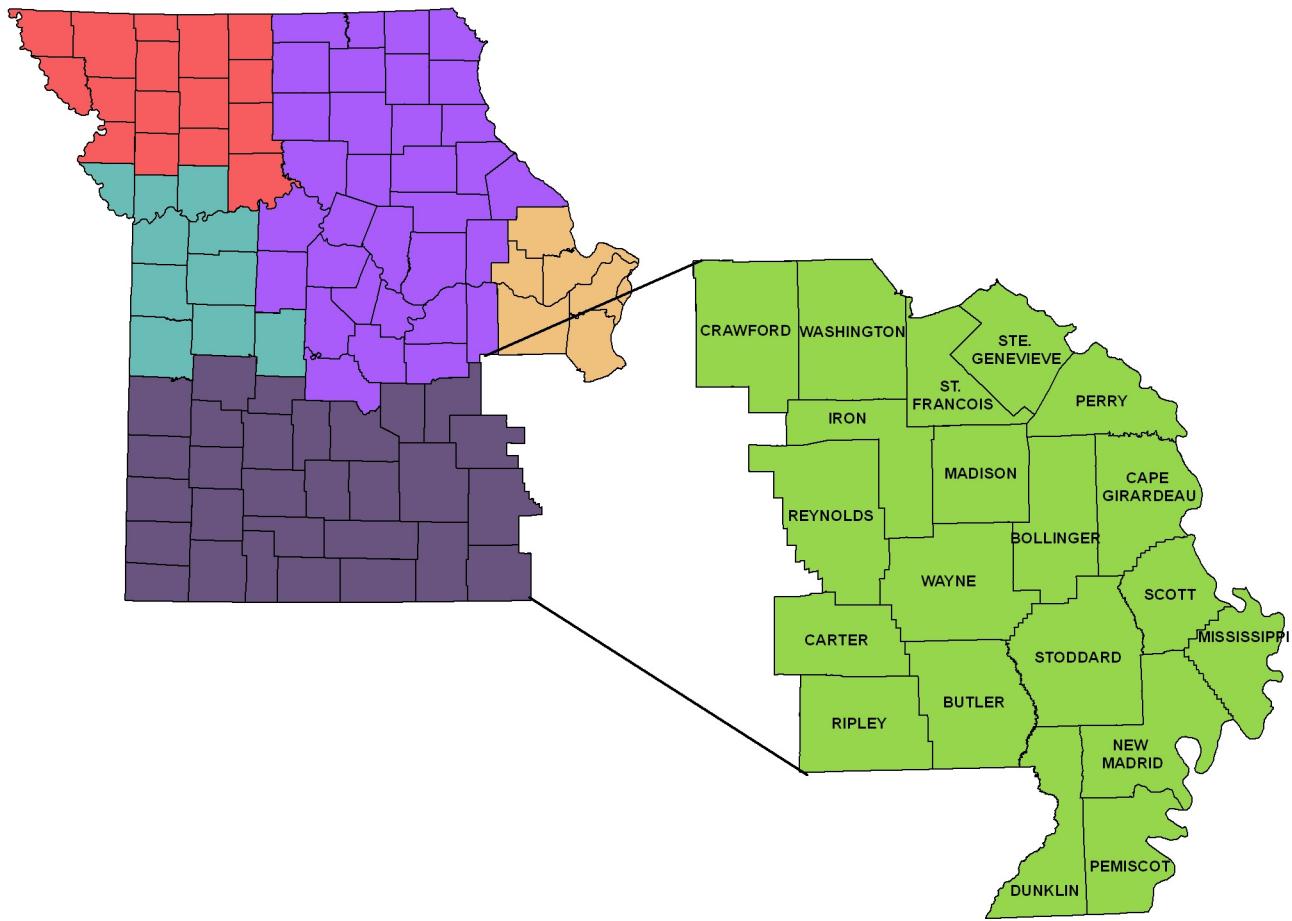


Note: Totals include persons whose age at diagnosis is unknown.

There were 80 reported cases of Hepatitis B in the Southwest HIV region during 2010 (Figure 11). Males represented 55% of reported Hepatitis B cases. There were differences in the age distribution of reported Hepatitis B cases by sex. Among males, the largest numbers of cases were reported among persons 40-49 years of age. Those 20-29 years of age represented the largest proportion of Hepatitis B cases among females.

In 2010, there were 988 Hepatitis C cases reported in the Southwest HIV region, including one case in which the sex was not reported (Figure 13). Of the reported Hepatitis C cases, 56% were male. The distribution of the age at diagnosis of reported Hepatitis C cases was similar for males and females. Those 50-59 years of age represented the largest proportion of cases among both males and females.

SOUTHEAST REGION



Population Estimates, Southeast HIV Region, 2009													
County	White		Black		Hispanic		Asian/Pacific Islander		Indian/Alaskan Native		Two or More Races		Total
	White	White %	Black	Black %	Hispanic	Hispanic %	Asian/Pacific Islander	Asian/Pacific Islander %	Indian/Alaskan Native	Indian/Alaskan Native %	Two or More Races	Two or More Races %	
Bollinger County	11,421	96.5%	61	0.5%	105	0.9%	30	0.3%	94	0.8%	130	1.1%	11,841
Butler County	37,377	90.1%	2,223	5.4%	704	1.7%	312	0.8%	236	0.6%	619	1.5%	41,471
Cape Girardeau County	66,365	89.7%	4,482	6.1%	1,133	1.5%	711	1.0%	283	0.4%	983	1.3%	73,957
Carter County	5,567	94.8%	11	0.2%	81	1.4%	9	0.2%	86	1.5%	116	2.0%	5,870
Crawford County	22,911	95.8%	149	0.6%	436	1.8%	44	0.2%	117	0.5%	258	1.1%	23,915
Dunklin County	26,016	83.8%	2,892	9.3%	1,516	4.9%	110	0.4%	106	0.3%	399	1.3%	31,039
Iron County	9,417	94.7%	228	2.3%	110	1.1%	11	0.1%	39	0.4%	138	1.4%	9,943
Madison County	11,894	96.4%	70	0.6%	178	1.4%	46	0.4%	33	0.3%	120	1.0%	12,341
Mississippi County	10,153	76.5%	2,655	20.0%	205	1.5%	86	0.6%	40	0.3%	127	1.0%	13,266
New Madrid County	14,392	82.3%	2,580	14.8%	240	1.4%	31	0.2%	36	0.2%	201	1.1%	17,480
Pemiscot County	13,024	71.6%	4,431	24.4%	430	2.4%	72	0.4%	52	0.3%	184	1.0%	18,193
Perry County	18,155	96.3%	106	0.6%	265	1.4%	148	0.8%	45	0.2%	128	0.7%	18,847
Reynolds County	5,841	94.2%	44	0.7%	62	1.0%	14	0.2%	90	1.5%	151	2.4%	6,202
Ripley County	12,722	95.0%	67	0.5%	197	1.5%	47	0.4%	189	1.4%	173	1.3%	13,395
Scott County	34,939	85.5%	4,602	11.3%	614	1.5%	155	0.4%	130	0.3%	415	1.0%	40,855
St. Francois County	59,460	93.1%	2,256	3.5%	833	1.3%	376	0.6%	259	0.4%	700	1.1%	63,884
Ste. Genevieve County	16,885	96.3%	234	1.3%	201	1.1%	32	0.2%	47	0.3%	143	0.8%	17,542
Stoddard County	27,775	95.5%	416	1.4%	346	1.2%	90	0.3%	123	0.4%	319	1.1%	29,069
Washington County	22,943	94.0%	665	2.7%	260	1.1%	46	0.2%	159	0.7%	327	1.3%	24,400
Wayne County	11,907	96.1%	64	0.5%	116	0.9%	28	0.2%	80	0.6%	197	1.6%	12,392
Region Total	439,164	90.4%	28,236	5.8%	8,032	1.7%	2,398	0.5%	2,244	0.5%	5,828	1.2%	485,902

Figure 1. HIV disease cases (living and deceased), by current HIV vs. AIDS status, Southeast HIV Region, 1982—2010

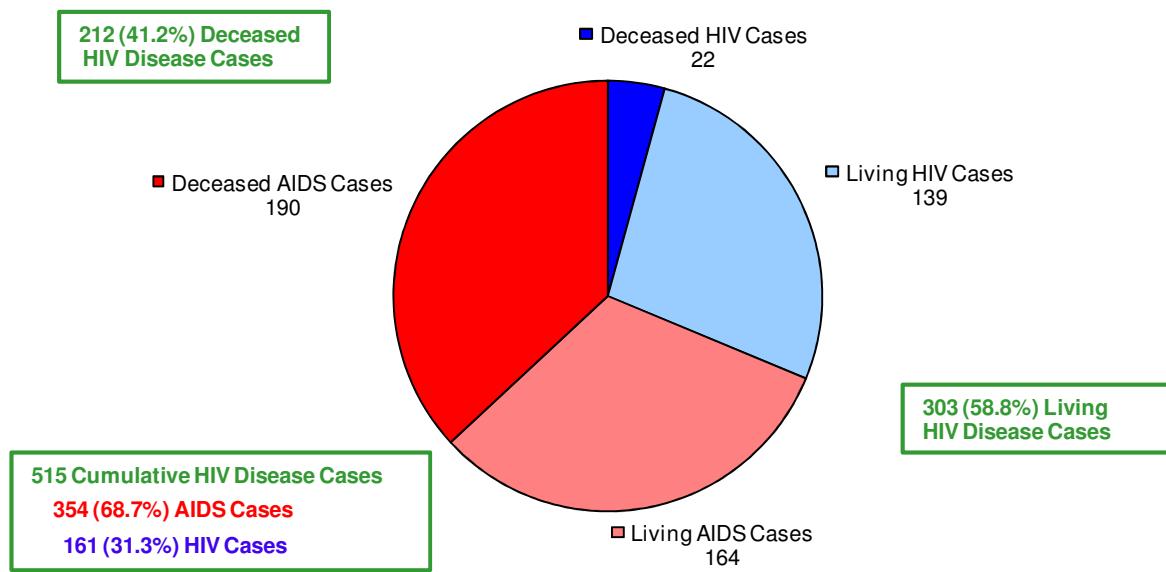
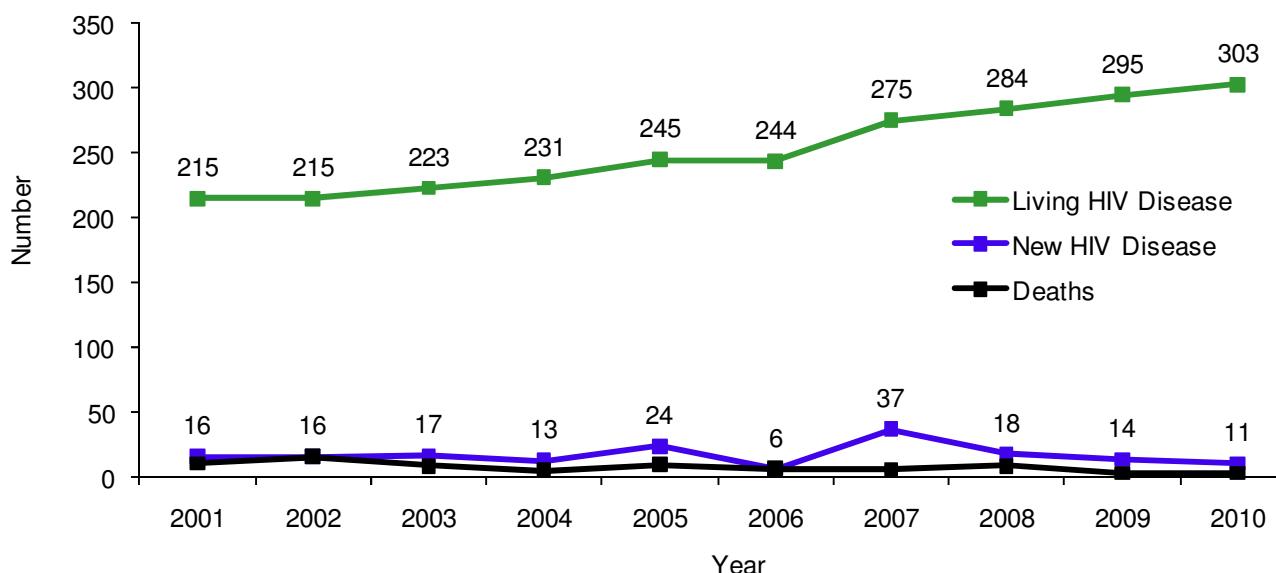


Figure 2. Living and new HIV disease cases and deaths by year*, Southeast HIV Region, 2001—2010

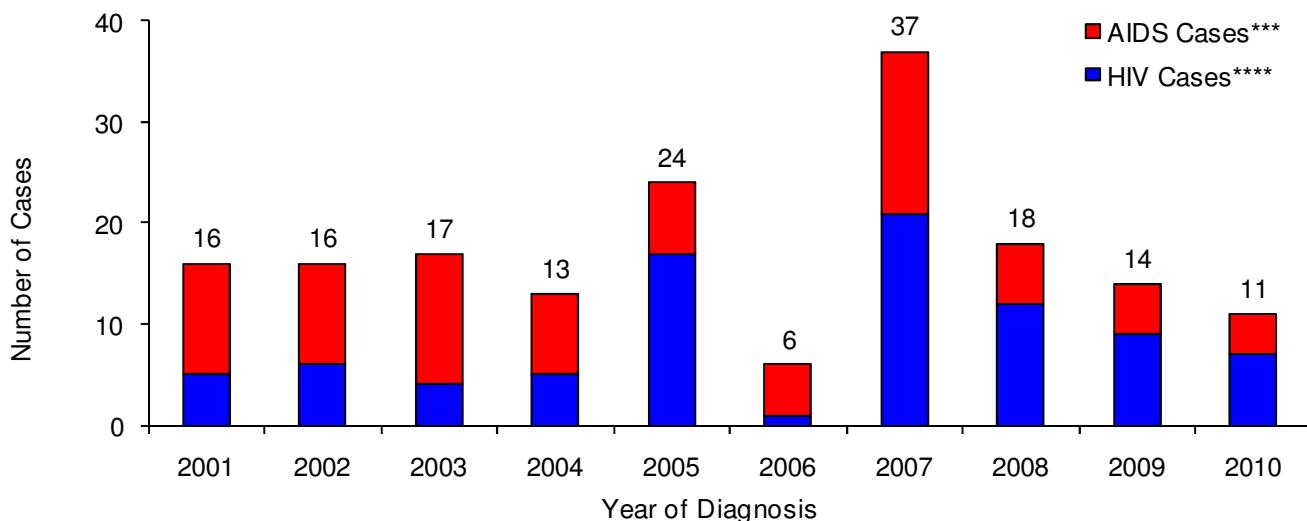


*For living HIV disease cases—the number of individuals living with HIV disease at the end of the year; For new HIV disease cases—the number of individuals newly diagnosed in the year; For HIV disease deaths—the number of individuals that died in the year.

From 1982 to 2010, there have been a total of 515 HIV disease cases diagnosed in the Southeast HIV region and reported to MDHSS (Figure 1). Of the cumulative cases reported, 59% were still presumed to be living with HIV disease at the end of 2010. Among those living with HIV disease, 139 were classified as HIV cases at the end of 2010 and 164 were classified as AIDS cases.

At the end of 2010, there were 303 persons living with HIV disease whose most recent diagnosis occurred in the Southeast HIV region (Figure 2). The number of people living with HIV disease generally increased over time. There were 11 new HIV disease diagnoses in 2010. The number of new diagnoses has fluctuated from 2005 to 2008. A new testing initiative implemented in 2007 may be one reason for the greater number of HIV disease diagnoses in 2007. The number of deaths among persons with HIV disease has remained generally stable.

Figure 3. HIV disease cases, by current status* and year of diagnosis, Southeast HIV Region, 2001—2010**



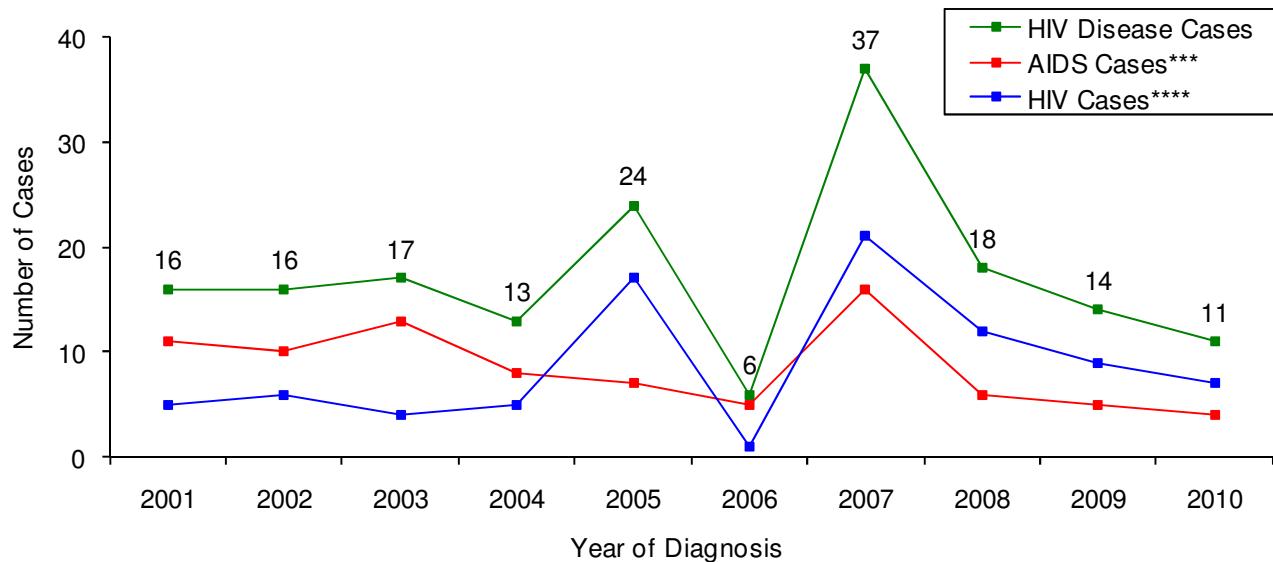
*HIV case vs. AIDS case

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

Figure 4. Reported HIV disease cases, by current status* and year of diagnosis, Southeast HIV Region, 2001—2010**



*HIV case vs. AIDS case

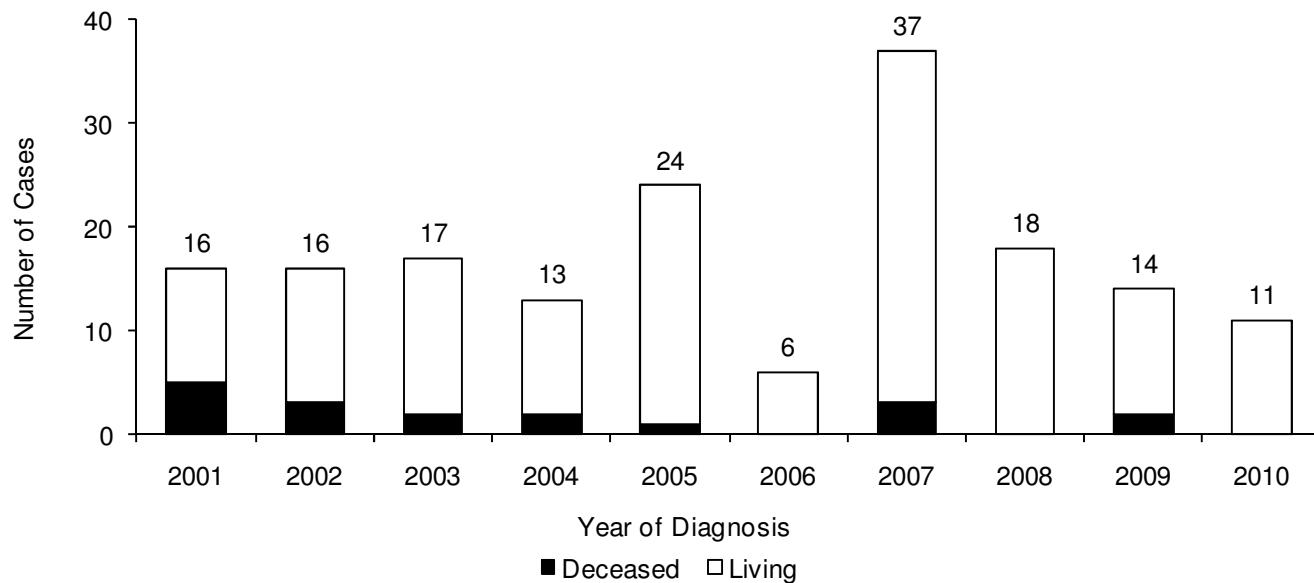
**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

***These cases were either: 1) initially reported as HIV cases and then later reclassified as AIDS cases because they subsequently met the AIDS case definition; or 2) initially reported as AIDS cases.

****These cases were initially reported as HIV cases and have remained HIV cases. They have not met the case definition for AIDS as of December 31, 2010.

The number of new diagnoses has fluctuated between 2005 and 2008 in the Southeast region (Figures 3 and 4). A new testing initiative implemented in 2007 may be one reason for the greater number of HIV disease diagnoses in 2007. Differences in the number of persons sub-classified as AIDS cases each year are due to the progression of the disease over time.

Figure 5. Persons diagnosed with HIV disease by current vital status* and year of diagnosis, Southeast HIV Region, 2001—2010**



*Vital status on December 31, 2010.

**Cases are indicated by year of initial diagnosis reported to MDHSS. (The year in which the first diagnosis of the person, whether as an HIV case or an AIDS case, was documented by the Department).

Of the 16 persons diagnosed with HIV disease in 2001, five (31%) were deceased by the end of 2010 (Figure 5). Among the 11 persons first diagnosed in 2010, no deaths have been reported to MDHSS at the end of 2010. The difference in the proportion of cases that are deceased is due to the length of time individuals have been living with the disease. Among persons diagnosed in 2006 and 2008 no deaths have been reported to MDHSS.

Table 1. Living[†] HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and by current age, Southeast HIV Region, 2010

	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	102	73.4%	42.6	117	71.3%	48.9	219	72.3%	91.5
Female	37	26.6%	15.0	47	28.7%	19.1	84	27.7%	34.1
Total	139	100.0%	28.6	164	100.0%	33.8	303	100.0%	62.4
Race/Ethnicity									
White	91	65.5%	20.7	118	72.0%	26.9	209	69.0%	47.6
Black	44	31.7%	155.8	44	26.8%	155.8	88	29.0%	311.7
Hispanic	4	2.9%	49.8	1	0.6%	12.5	5	1.7%	62.3
Asian/Pacific Islander	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown	0	0.0%	--	1	0.6%	--	1	0.3%	--
Total	139	100.0%	28.6	164	100.0%	33.8	303	100.0%	62.4
Race/Ethnicity-Males									
White Male	71	69.6%	32.9	95	81.2%	44.1	166	75.8%	77.0
Black Male	28	27.5%	196.2	20	17.1%	140.2	48	21.9%	336.4
Hispanic Male	3	2.9%	69.0	1	0.9%	23.0	4	1.8%	92.0
Asian/Pacific Islander Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Male	0	0.0%	--	1	0.9%	--	1	0.5%	--
Total	102	100.0%	42.6	117	100.0%	48.9	219	100.0%	91.5
Race/Ethnicity-Females									
White Female	20	54.1%	8.9	23	48.9%	10.3	43	51.2%	19.2
Black Female	16	43.2%	114.5	24	51.1%	171.8	40	47.6%	286.4
Hispanic Female	1	2.7%	27.2	0	0.0%	0.0	1	1.2%	27.2
Asian/Pacific Islander Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Female	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	37	100.0%	15.0	47	100.0%	19.1	84	100.0%	34.1
Current Age[‡]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	1	0.7%	1.4	0	0.0%	0.0	1	0.3%	1.4
13-18	1	0.7%	2.5	0	0.0%	0.0	1	0.3%	2.5
19-24	8	5.8%	20.9	5	3.0%	13.0	13	4.3%	33.9
25-44	77	55.4%	64.3	66	40.2%	55.1	143	47.2%	119.4
45-64	44	31.7%	34.1	90	54.9%	69.8	134	44.2%	103.9
65+	8	5.8%	10.5	3	1.8%	3.9	11	3.6%	14.4
Total	139	100.0%	28.6	164	100.0%	33.8	303	100.0%	62.4

[†]Includes persons diagnosed with HIV disease in the Southeast HIV Region who are currently living, regardless of current residence.

*Cases which remained HIV cases at the end of 2010.

**Cases classified as AIDS by December 31, 2010.

***The sum of HIV cases and AIDS cases.

****Per 100,000 population based on 2009 MDHSS estimates.

[‡]Based on age as of December 31, 2010.

Note: Percentages may not total due to rounding.

Table 2. Diagnosed HIV, AIDS, and HIV disease cases, by sex, by race/ethnicity, by race/ethnicity and sex, and current age, Southeast HIV Region, 2010

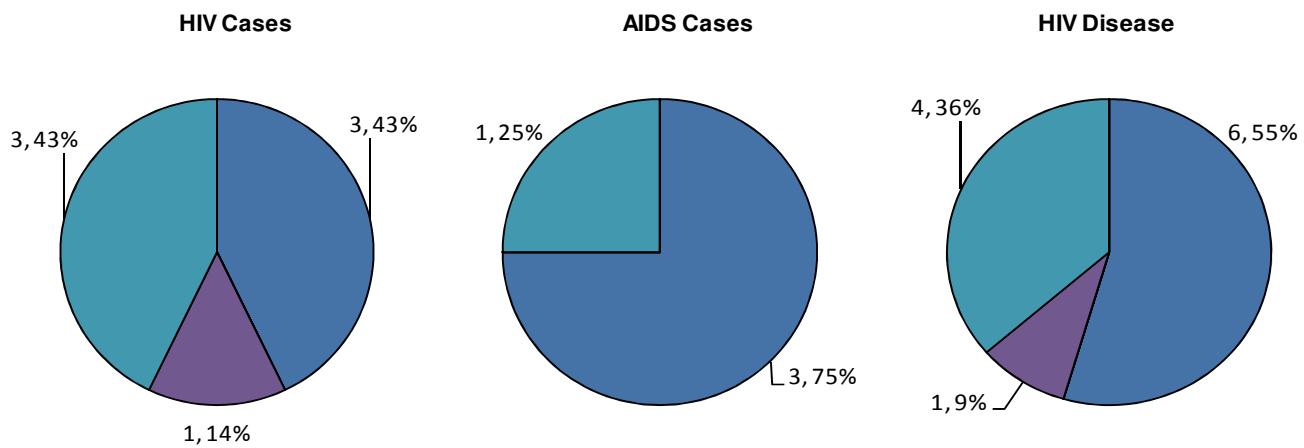
	HIV*			AIDS**			HIV Disease***		
	Cases	%	Rate****	Cases	%	Rate****	Cases	%	Rate****
Sex									
Male	4	57.1%	1.7	4	100.0%	1.7	8	72.7%	3.3
Female	3	42.9%	1.2	0	0.0%	0.0	3	27.3%	1.2
Total	7	100.0%	1.4	4	100.0%	0.8	11	100.0%	2.3
Race/Ethnicity									
White	3	42.9%	0.7	4	100.0%	0.9	7	63.6%	1.6
Black	4	57.1%	14.2	0	0.0%	0.0	4	36.4%	14.2
Hispanic	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian/Pacific Islander	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	7	100.0%	1.4	4	100.0%	0.8	11	100.0%	2.3
Race/Ethnicity-Males									
White Male	2	50.0%	0.9	4	100.0%	1.9	6	75.0%	2.8
Black Male	2	50.0%	14.0	0	0.0%	0.0	2	25.0%	14.0
Hispanic Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Asian/Pacific Islander Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
American Indian/Alaskan Native Male	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Two or More Races/Unknown Male	0	0.0%	--	0	0.0%	--	0	0.0%	--
Total	4	100.0%	1.7	4	100.0%	1.7	8	100.0%	3.3
Race/Ethnicity-Females									
White Female	1	33.3%	0.4	0	--	0.0	1	33.3%	0.4
Black Female	2	66.7%	14.3	0	--	0.0	2	66.7%	14.3
Hispanic Female	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
Asian/Pacific Islander Female	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
American Indian/Alaskan Native Female	0	0.0%	0.0	0	--	0.0	0	0.0%	0.0
Two or More Races/Unknown Female	0	0.0%	--	0	--	--	0	0.0%	--
Total	3	100.0%	1.2	0	--	0.0	3	100.0%	1.2
Current Age[#]									
<2	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
2-12	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
13-18	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
19-24	1	14.3%	2.6	0	0.0%	0.0	1	9.1%	2.6
25-44	3	42.9%	2.5	2	50.0%	1.7	5	45.5%	4.2
45-64	3	42.9%	2.3	2	50.0%	1.6	5	45.5%	3.9
65+	0	0.0%	0.0	0	0.0%	0.0	0	0.0%	0.0
Total	7	100.0%	1.4	4	100.0%	0.8	11	100.0%	2.3
*HIV cases diagnosed during 2010 which remained HIV cases at the end of the year.									
**AIDS cases initially diagnosed in 2010.									
***The sum of newly diagnosed HIV cases and newly diagnosed AIDS cases. Does not include cases diagnosed prior to 2010 with HIV, which progressed to AIDS in 2010.									
****Per 100,000 population based on 2009 MDHSS estimates.									
[#] Based on age as of December 31, 2010.									
Note: Percentages may not total due to rounding.									

Of the 303 persons living with HIV disease at the end of 2010, 72% were males (Table 1). The rate of those living with HIV disease was 2.7 times greater among males than females. The difference in the rates between males and females was smaller than that observed in Missouri overall. Although whites represented the largest proportion of living HIV disease cases (69%), the rate of those living with HIV disease was 6.5 times greater among blacks than whites. The rate was 1.3 times greater among Hispanics than whites. However, the difference should be interpreted with caution because of the small number of Hispanics living with HIV disease. Among males, the rate of living cases was 4.4 times greater for blacks than whites. Among females, the rate of those living with HIV disease was 14.9 times greater among blacks than whites.

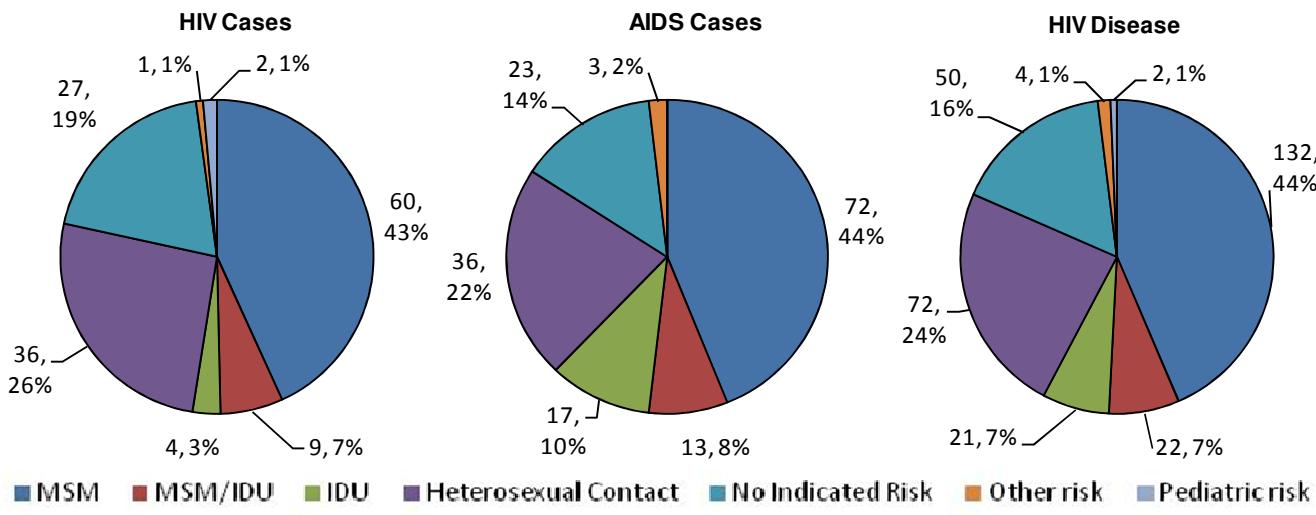
Of the 11 persons newly diagnosed with HIV disease in 2010, 36% were classified as AIDS cases by the end of 2010 (Table 2). Males represented 73% of new diagnoses. Whites represented the majority of new HIV disease diagnoses (64%).

Figure 6. Diagnosed and living HIV, AIDS, and HIV disease cases by exposure category, Southeast HIV Region, 2010

New Diagnoses, 2010



Living Cases, 2010



Among all categories, the largest proportion of cases with a known risk were attributed to MSM (Figure 6). The large proportion of cases with no indicated risk made trends difficult to interpret for all categories. The surveillance program examined methods to improve the identification and reporting of exposure category information.

**Table 3. New and living HIV and AIDS cases and rates, by geographic area,
Southeast HIV Region, 2010**

Geographic Area	HIV Cases						AIDS Cases					
	Diagnosed 2010*			Living			Diagnosed 2010**			Living		
	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***	Cases	%	Rate***
Cape Girardeau County	1	14.3%	1.4	24	17.3%	32.5	0	0.0%	0.0	21	12.8%	28.4
Scott County	0	0.0%	0.0	15	10.8%	36.7	0	0.0%	0.0	10	6.1%	24.5
St. Francois County	1	14.3%	1.6	19	13.7%	29.7	0	0.0%	0.0	26	15.9%	40.7
Pemiscot County	1	14.3%	5.5	16	11.5%	87.9	0	0.0%	0.0	6	3.7%	33.0
Dunklin County	0	0.0%	0.0	7	5.0%	22.6	1	25.0%	3.2	18	11.0%	58.0
Butler County	0	0.0%	0.0	11	7.9%	26.5	1	25.0%	2.4	15	9.1%	36.2
Remainder of Region	4	57.1%	1.8	47	33.8%	21.7	2	50.0%	0.9	68	41.5%	31.4
SOUTHEAST HIV REGION TOTAL	7	100.0%	1.4	139	100.0%	28.6	4	100.0%	0.8	164	100.0%	33.8

*HIV cases diagnosed and reported to the Department during 2010 which remained HIV cases at the end of the year.
**Does not include HIV cases that progressed to AIDS.
***Per 100,000 population based on 2009 MDHSS estimates.
Note: Percentages may not total due to rounding.

Although the number of living HIV cases was greatest in Cape Girardeau County, the rate of individuals living with HIV was greatest in Pemiscot County (Table 3). Among living AIDS cases, the largest numbers were residents of St. Francois County at the time of their AIDS diagnosis. However, the rate of individuals living with AIDS was highest in Dunklin County.

Table 4. Newly diagnosed and living HIV and AIDS cases in men who have sex with men, by selected race/ethnicity, Southeast HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	1	33.3%	47	78.3%	3	100.0%	61	84.7%
Black	2	66.7%	11	18.3%	0	0.0%	9	12.5%
Hispanic	0	0.0%	2	3.3%	0	0.0%	1	1.4%
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	1	1.4%
SOUTHEAST HIV REGION TOTAL	3	100.0%	60	100.0%	3	100.0%	72	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 5. Living HIV disease cases in men who have sex with men, by selected race/ethnicity, by current age group, Southeast HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	1	0.9%	2	10.0%	1	33.3%	4	3.0%
25-44	58	53.7%	14	70.0%	1	33.3%	73	55.3%
45-64	47	43.5%	4	20.0%	1	33.3%	53	40.2%
65+	2	1.9%	0	0.0%	0	0.0%	2	1.5%
SOUTHEAST HIV REGION TOTAL	108	100.0%	20	100.0%	3	100.0%	132	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 6. Living HIV disease cases in men who have sex with men, by geographic area, Southeast HIV Region, 2010

Geographic Area	Cases	%
Cape Girardeau County	29	22.0%
Scott County	9	6.8%
St. Francois County	26	19.7%
Pemiscot County	6	4.5%
Dunklin County	7	5.3%
Butler County	12	9.1%
Remaining Counties	43	32.6%
SOUTHEAST HIV REGION TOTAL	132	100.0%

There were six new HIV disease diagnoses attributed to men who have sex with men (MSM) in 2010 for the Southeast HIV region (Table 4). Whites represented 67% of all of the new HIV disease diagnoses. There were 132 living HIV disease cases attributed to MSM in the Southeast HIV region. Whites represented a greater proportion among living AIDS cases compared to living HIV cases.

The distribution of living HIV disease cases by current age varied by race/ethnicity among MSM (Table 5). Among white and black MSM living with HIV disease the greatest proportion was between 25 and 44 years of age at the end of 2010. The distribution by current age for Hispanics should be interpreted with some caution due to the small number of cases.

The largest numbers of living HIV disease cases attributed to MSM were residents of Cape Girardeau County at the time of their most recent diagnosis (Table 6). The second largest number of living cases among MSM resided in St. Francois County.

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Table 7. Newly diagnosed and living HIV and AIDS cases in men who have sex with men and inject drugs, by selected race/ethnicity, Southeast HIV Region, 2010

Race/Ethnicity	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White	0	--	9	100.0%	0	--	10	76.9%
Black	0	--	0	0.0%	0	--	3	23.1%
Hispanic	0	--	0	0.0%	0	--	0	0.0%
Other/Unknown	0	--	0	0.0%	0	--	0	0.0%
SOUTHEAST HIV REGION TOTAL	0	--	9	100.0%	0	--	13	100.0%

*Remained HIV cases at the end of the year.
**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.
Note: Percentages may not total due to rounding.

Table 8. Living HIV disease cases in men who have sex with men and inject drugs, by selected race/ethnicity, by current age group, Southeast HIV Region, 2010

Age Group	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	--	0	0.0%
19-24	1	5.3%	0	0.0%	0	--	1	4.5%
25-44	8	42.1%	2	66.7%	0	--	10	45.5%
45-64	9	47.4%	1	33.3%	0	--	10	45.5%
65+	1	5.3%	0	0.0%	0	--	1	4.5%
SOUTHEAST HIV REGION TOTAL	19	100.0%	3	100.0%	0	--	22	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 9. Living HIV disease cases in men who have sex with men and inject drugs, by geographic area, Southeast HIV Region, 2010

Geographic Area	Cases	%
SOUTHEAST HIV REGION TOTAL	22	100.0%

There were no new HIV disease diagnoses attributed to men who have sex with men and inject drugs (MSM/IDU) in 2010 for the Southeast HIV region (Table 7). There were 22 MSM/IDU living with HIV disease at the end of 2010 whose most recent diagnosis occurred in the Southeast HIV region. The largest proportion of both living HIV and AIDS cases was white.

Among MSM/IDU living with HIV disease, the largest number of cases was equally divided among individuals 25-44 and 45-64 years of age at the end of 2010 (Table 8).

Table 10. Newly diagnosed and living HIV and AIDS cases in injecting drug users, by selected race/ethnicity and sex, Southeast HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	--	2	50.0%	0	--	9	52.9%
Black Male	0	--	0	0.0%	0	--	2	11.8%
Hispanic Male	0	--	0	0.0%	0	--	0	0.0%
White Female	0	--	0	0.0%	0	--	3	17.6%
Black Female	0	--	2	50.0%	0	--	3	17.6%
Hispanic Female	0	--	0	0.0%	0	--	0	0.0%
SOUTHEAST HIV REGION TOTAL[†]	0	--	4	100.0%	0	--	17	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

†Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 11. Living HIV disease cases in injecting drug users, by selected race/ethnicity, by current age group, Southeast HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
25-44	3	27.3%	0	0.0%	2	66.7%	3	60.0%	8	38.1%
45-64	8	72.7%	2	100.0%	1	33.3%	2	40.0%	13	61.9%
65+	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
SOUTHEAST HIV REGION TOTAL	11	100.0%	2	100.0%	3	100.0%	5	100.0%	21	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 12. Living HIV disease cases in injecting drug users, by geographic area, Southeast HIV Region, 2010

Geographic Area	Cases	%
Dunklin County	4	19.0%
St. Francois County	3	14.3%
Remaining Counties	14	66.7%
SOUTHEAST HIV REGION	21	100.0%

There were no new HIV disease diagnoses attributed to injecting drug users (IDU) in 2010 for the Southeast HIV region (Table 10). There were 21 living HIV disease cases attributed to IDU at the end of 2010 in the Southeast HIV region. Of the IDU living with HIV disease, 81% were classified as AIDS at the end of 2010. White males represented the largest proportion of living AIDS cases.

Overall, the largest numbers of living HIV disease cases among IDU in the Southeast HIV region were between 45-64 years of age at the end of 2010 (13) (Table 11). Among white females and black females, the largest numbers of individuals were between 25-44 years of age at the end of 2010. For males, the largest numbers of persons were between 45-64 years of age.

Dunklin County had the largest number of living HIV disease cases attributed to IDU in 2010 (Table 12).

Epi Profiles Summary: Southeast HIV Region

Table 13. Newly diagnosed and living HIV and AIDS cases in heterosexual contacts, by selected race/ethnicity and sex, Southeast HIV Region, 2010

Race/Ethnicity and Sex	HIV Cases*				AIDS Cases			
	Newly Diagnosed		Living		Newly Diagnosed**		Living	
	Cases	%	Cases	%	Cases	%	Cases	%
White Male	0	0.0%	6	16.7%	0	--	6	16.7%
Black Male	0	0.0%	9	25.0%	0	--	2	5.6%
Hispanic Male	0	0.0%	0	0.0%	0	--	0	0.0%
White Female	0	0.0%	13	36.1%	0	--	12	33.3%
Black Female	1	100.0%	7	19.4%	0	--	16	44.4%
Hispanic Female	0	0.0%	1	2.8%	0	--	0	0.0%
SOUTHEAST HIV REGION TOTAL[†]	1	100.0%	36	100.0%	0	--	36	100.0%

*Remained HIV cases at the end of the year.

**Does not include HIV cases diagnosed prior to 2010 that progressed to AIDS in 2010.

[†]Includes persons whose race/ethnicity is either unknown or not listed.

Note: Percentages may not total due to rounding.

Table 14. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity and sex, by current age group, Southeast HIV Region, 2010

Age Group	White Males		Black Males		White Females		Black Females		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%**	Cases	%**
13-18	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
19-24	0	0.0%	0	0.0%	1	4.0%	0	0.0%	1	1.4%
25-44	3	25.0%	8	72.7%	10	40.0%	17	73.9%	39	54.2%
45-64	5	41.7%	3	27.3%	12	48.0%	5	21.7%	25	34.7%
65+	4	33.3%	0	0.0%	2	8.0%	1	4.3%	7	9.7%
SOUTHEAST HIV REGION TOTAL	12	100.0%	11	100.0%	25	100.0%	23	100.0%	72	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of cases per age group.

Note: Percentages may not total due to rounding.

Table 15. Living HIV disease cases in heterosexual contacts, by selected race/ethnicity, by geographic area, Southeast HIV Region, 2010

Geographic Area	White		Black		Hispanic		Total*	
	Cases	%**	Cases	%**	Cases	%**	Cases	%***
Butler County	4	50.0%	4	50.0%	0	0.0%	8	11.1%
Scott County	4	57.1%	3	42.9%	0	0.0%	7	9.7%
Cape Girardeau County	1	25.0%	3	75.0%	0	0.0%	4	5.6%
Dunklin County	2	40.0%	3	60.0%	0	0.0%	5	6.9%
St. Francois County	4	66.7%	2	33.3%	0	0.0%	6	8.3%
Pemiscot County	2	33.3%	4	66.7%	0	0.0%	6	8.3%
Remaining Counties	20	55.6%	15	41.7%	1	2.8%	36	50.0%
SOUTHEAST HIV REGION TOTAL	37	51.4%	34	47.2%	1	1.4%	72	100.0%

*Row totals and percentages include cases in persons whose race/ethnicity is either unknown or not listed.

**Percentage of race in each area.

***Percentage of cases per area.

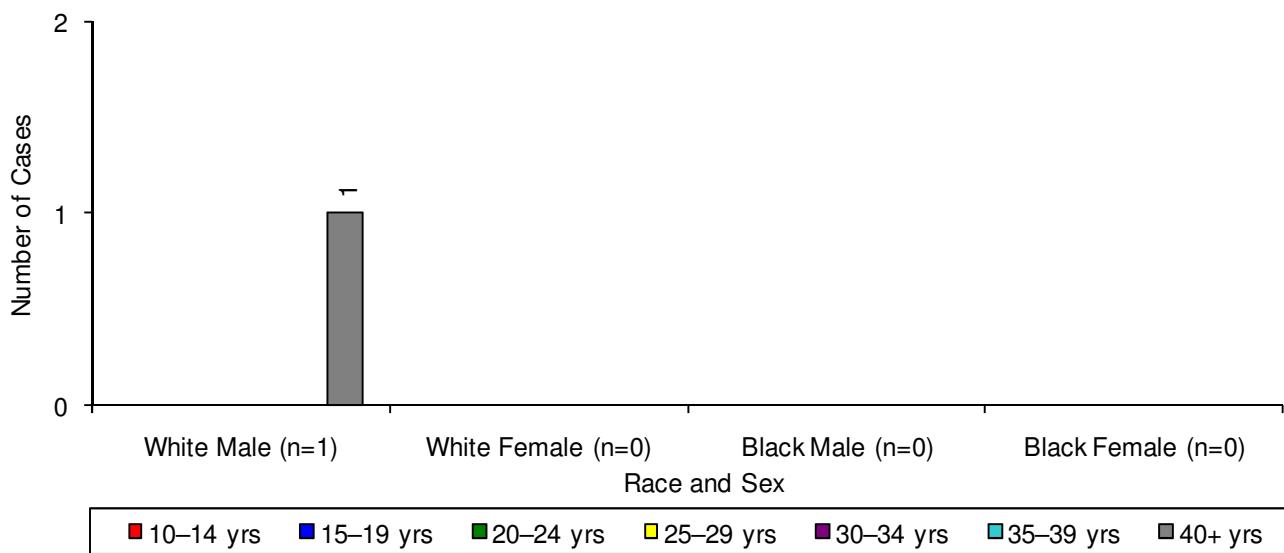
Note: Percentages may not total due to rounding.

There was one new HIV disease diagnosis attributed to heterosexual contact in 2010 for the Southeast HIV region (Table 13). Black females represented the largest proportion living AIDS cases, whereas white females represented the largest proportion of living HIV cases among heterosexual contact cases.

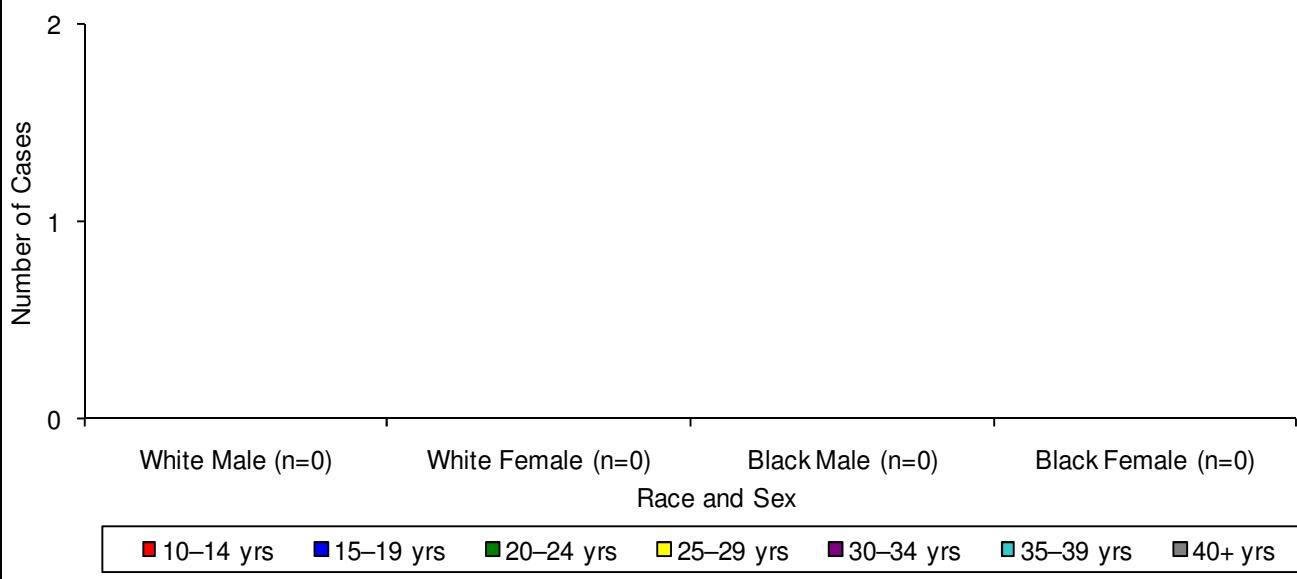
At the end of 2010, the majority of heterosexual contact cases living with HIV disease were between 25-44 years of age for black males and black females (Table 14). Those 45-64 years of age represented the largest proportion among white males and white females.

There were differences in the distribution of living cases by race/ethnicity among the geographic areas for heterosexual contact cases (Table 15). In Cape Girardeau County and Pemiscot County, black heterosexual contact cases comprised a larger proportion of living cases compared to other areas.

**Figure 7. Reported P&S syphilis cases, by race and sex, by age group at diagnosis,
Southeast HIV Region, 2010**



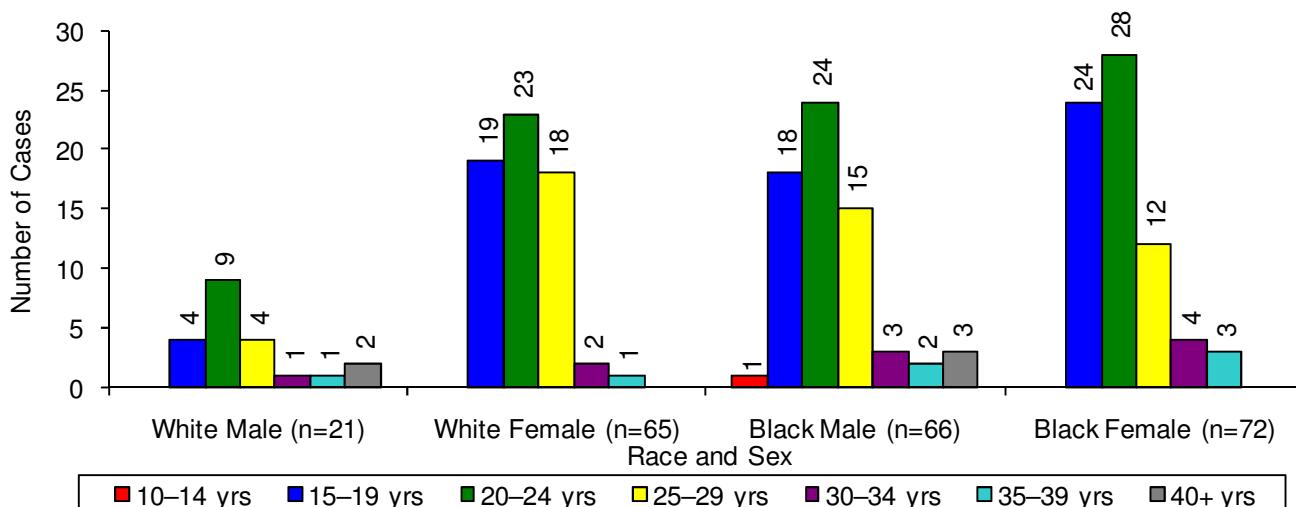
**Figure 8. Reported early latent syphilis cases, by race and sex, by age group at diagnosis,
Southeast HIV Region, 2010**



In the Southeast HIV region, there was only one P&S syphilis case reported in 2010 (Figure 7). No P&S syphilis cases were reported in 2009.

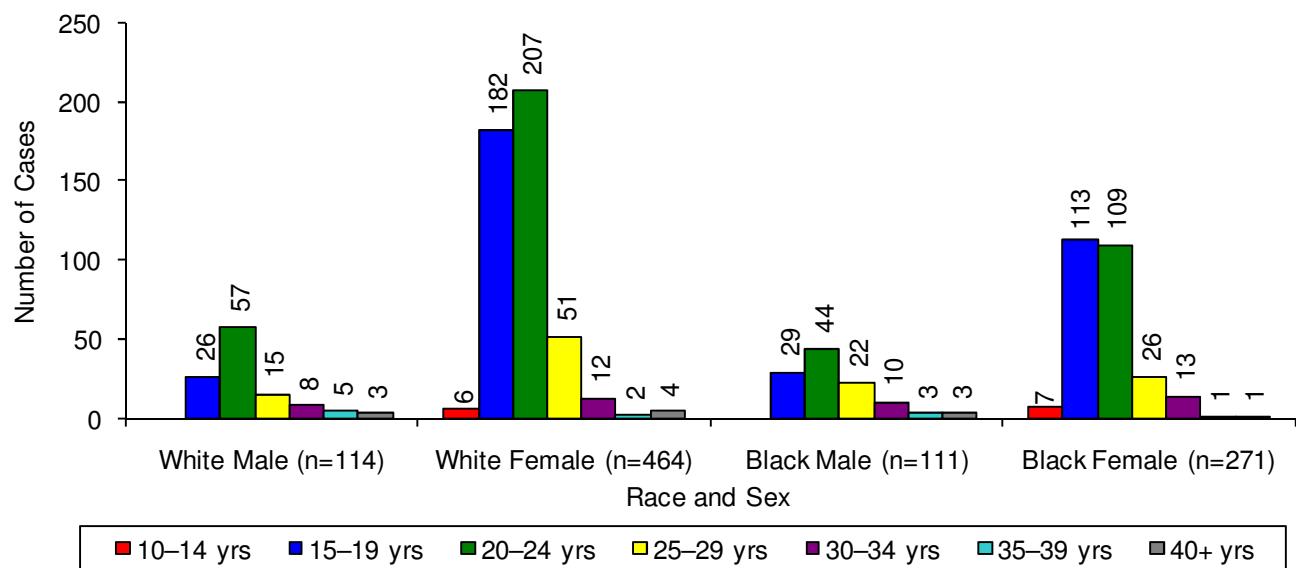
No early latent syphilis cases were reported in 2010, compared to one case reported in 2009 (Figure 8).

Figure 9. Reported gonorrhea cases, by race and sex, by age group at diagnosis, Southeast HIV Region, 2010



Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

Figure 10. Reported chlamydia cases, by race and sex, by age group at diagnosis, Southeast HIV Region, 2010

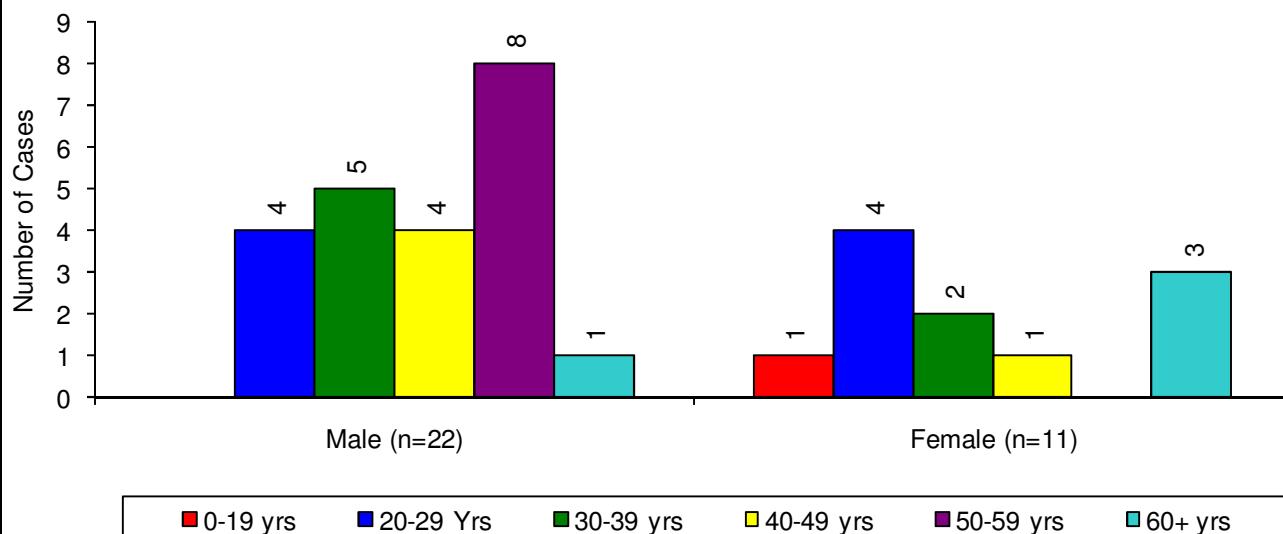


Note: Totals include persons diagnosed at <10 years of age or whose age at diagnosis is unknown.

The largest number of gonorrhea cases was reported among black females (72) and black males (66) (Figure 9). The number of reported cases decreased from 2009 to 2010 among all race/ethnicity and sex categories presented except for white females. Among white females, the number of gonorrhea cases remained the same compared to 2009. Among all race/ethnicity and sex categories, the largest numbers of cases were diagnosed between 20-24 years of age.

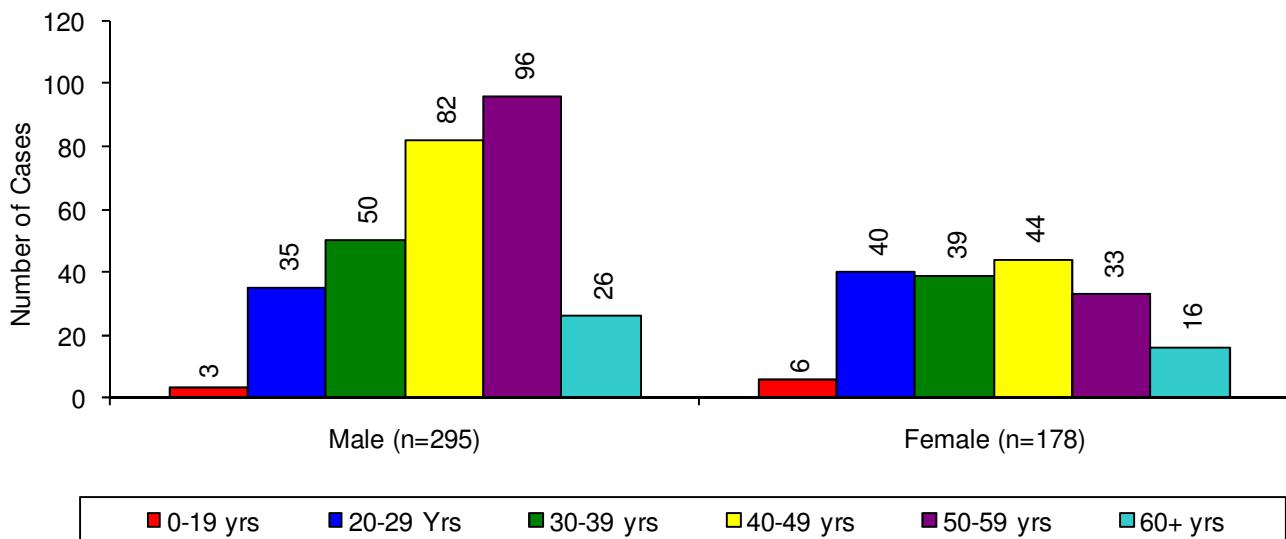
The largest number of chlamydia cases was reported among white females (464) followed by black females (271). The number of reported chlamydia cases decreased from 2009 to 2010 among all race/ethnicity and sex categories presented. Among white and black males and white females, the largest numbers of reported cases were diagnosed between 20-24 years of age. Among black females, individuals 15-19 years of age represented the largest number of reported cases.

**Figure 11. Reported Hepatitis B cases, by sex and by age group at diagnosis,
Southeast HIV Region, 2010**



Note: Totals include persons whose age at diagnosis is unknown.

**Figure 12. Reported Hepatitis C cases, by sex and by age group at diagnosis,
Southeast HIV Region, 2010**



Note: Totals include persons whose age at diagnosis is unknown.

There were 33 reported cases of Hepatitis B in the Southeast HIV region during 2010 (Figure 11). Females represented 33% of reported Hepatitis B cases, which was lower than the proportion of female cases reported in Missouri overall (56%). There were differences in the age distribution of reported Hepatitis B cases by sex. Among males, the largest numbers of cases were diagnosed between 50-59 years old. Among female cases, the largest numbers of cases were reported among those 20-29 years old.

In 2010, there were 476 Hepatitis C cases reported in the Southeast HIV region, including three cases in which sex was not reported (Figure 12). Of the reported Hepatitis C cases, 62% were male. There differences in the age at diagnosis of reported Hepatitis C cases by sex. A greater proportion of females was diagnosed at less than 50 years of age (72%) compared to males (58%).

Glossary

AIDS case

This refers to an individual who has been infected with human immunodeficiency virus (HIV) that is in the later stages of the disease process and has met the case definition for AIDS.

Case rate

The frequency of a defined event in a specified population for a given time period, usually expressed as the number of cases per 100,000 people in a population. Case rate is calculated by dividing the number of cases in the population of interest by the total number of people in the population. Then multiplying by 100,000 to get the rate per 100,000.

Case definition for AIDS

All HIV-infected people who have fewer than 200 CD4⁺ T cells per cubic millimeter of blood (healthy adults usually have 800 to 1,200, with 1,000 the average). In addition, the definition includes 26 clinical conditions that affect people with advanced HIV disease. Most of these conditions are opportunistic infections that generally do not affect healthy people.

CD4+ T cells

This is a white blood cell with CD4 molecules on its surface. These cells play an important role in the human immune system. Sometimes referred to as "helper" cells, they orchestrate the body's response to certain microorganisms such as viruses. HIV virus particles attack and utilize these cells to multiply.

Cumulative number of cases

The number of all cases diagnosed with a particular condition including living and deceased individuals in a specified area.

Date of diagnosis

The date a laboratory makes a diagnosis based on the chemical analysis of a specimen.

Epidemic

The "occurrence in a community or region of cases of an illness, specified health-related behavior, or other health-related events clearly in excess of normal expectancy."

Highly active antiretroviral therapy (HAART)

This is a treatment protocol using a combination of antiretroviral drugs to suppress the HIV virus. These drugs consist of four basic classes depending on their method of suppression: reverse transcriptase (RT) inhibitors, protease inhibitors (PI), fusion inhibitors, and integrase inhibitors.

HIV case

It refer to an individual who has been infected with the human immunodeficiency virus (HIV) that is in the early stages of the disease process and has not met the case definition for AIDS.

HIV disease case

This includes all individuals who have been infected with the human immunodeficiency virus (HIV). Cases can be sub-classified into either HIV cases or AIDS cases.

Incidence

The number of new cases of a specified condition diagnosed within a given time. The calendar year is used in the *Profiles* to calculate incidence.

Incidence rate

The number of new cases diagnosed in a specified population for a given time period, usually expressed as the number of cases per 100,000 people in a population. Incidence rate is calculated by dividing the number of new cases in the population of interest by the total number of people in that population. Then multiplying by 100,000 to get the rate per 100,000.

Modes of transmission

Also referred to as **exposure categories**, this term refers to the way in which an individual acquired the HIV virus. The most common modes of transmission are: men who have sex with men (MSM), heterosexual contact,

injection drug users (IDUs), men who have sex with men and practice injection drug use (MSM/IDUs), hemophilia/coagulation disorder, and blood transfusion or tissue recipients.

Point prevalence

This refers to the number of persons living with a specified condition at a given point in time. December 31st, is used for the *Profiles* to calculate the number of persons living with HIV or AIDS for each year.

Prevalence rate

The number of individuals living with the specified condition in a specified population for a given time period, usually expressed as the number of cases per 100,000 people in a population. A prevalence rate is calculated by dividing the number of living cases in the population of interest by the total number of people in that population. Then multiplying by 100,000 to get the rate per 100,000.

Sexually Transmitted Infections

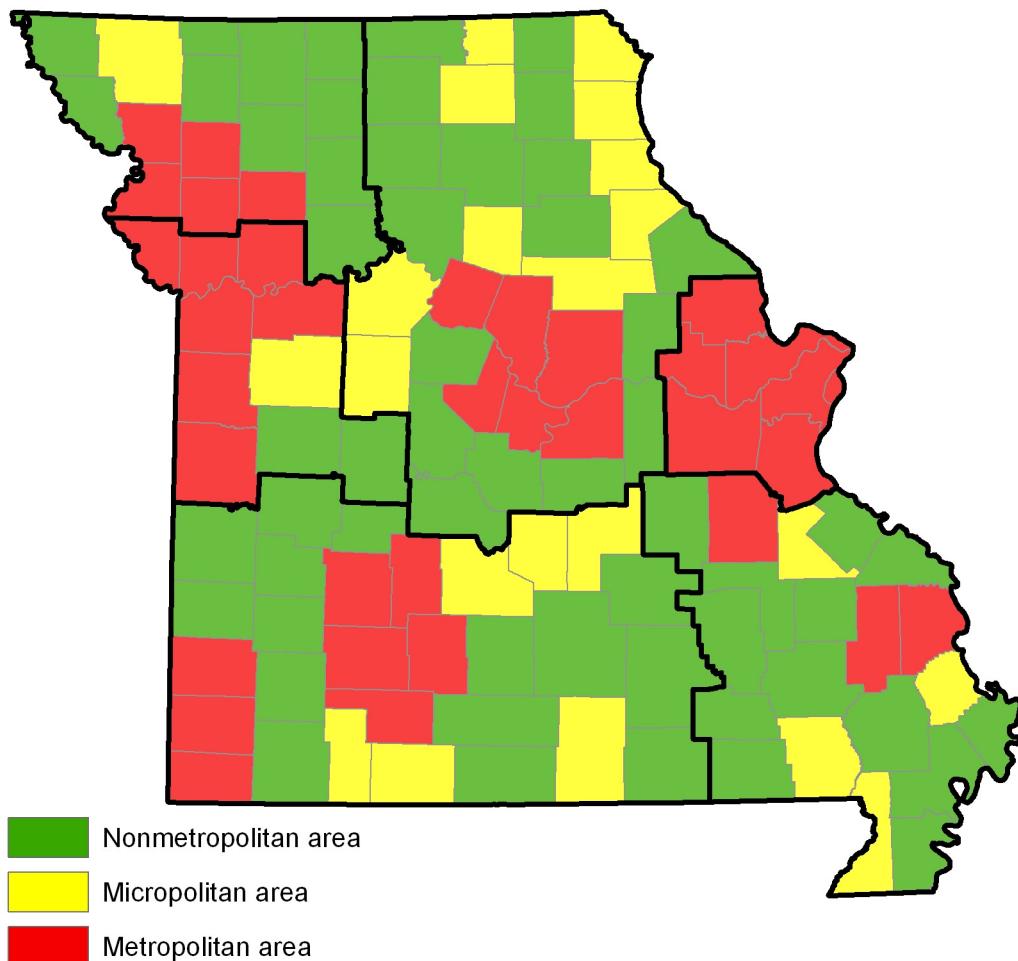
Sexually transmitted infections (STIs), commonly called **sexually transmitted diseases (STDs)** and once called venereal diseases, are among the most common infectious diseases in the United States today. They are a group of infections that are predominantly transmitted through sexual activity.

Sexually Transmitted Infections and the Organisms Responsible

Disease	Organism(s)
Acquired Immunodeficiency Syndrome (AIDS)	Human immunodeficiency virus
Chlamydial infections	Chlamydia trachomatis
Gonorrhea	Neisseria gonorrhoeae
Syphilis	Treponema pallidum

Appendix

Metropolitan, micropolitan, and nonmetropolitan areas by county



Source: Missouri Census Data Center, MABLE/Geocorr2K. 2008 Metropolitan Divisions.